FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG.	NO.	7	9		1	2	7	9	5
OF DEATH	1101	TA1	- 0	134	210		100		

	1 -	STATE REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO.	79-1279	5
	1. DEC	CEASED NAME FIRST	WIDDLE	LA	51.	20. DATE OF DEATH MON	TH DAY YEAR 26. HO	UR
		FRAI	NCES	17	BRAMS	11/A429-	1979 5	A·M
	3 SEX		4 RACE	5. DATE OF	DAY YEAR	6. AGE (IN EARS LAST BIRTHDAY	MONTHS DAYS HOURS	R 24 HRS
		emale	White	5	26 1900	119	YRS "	
		RTHPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF WHAT COUNTRY	7? 8 MARRIED	□ NEVER MARRIED □	9. BALTIMORE CITY OR CO	_	
16	141	LRYLAND	U.S.A		DIVORCED [	TRINGE	George	MD.
7	10 CI	IY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OTHER INSTITUTION	TYPE OF WORK FOR MOST OF WO		IESS OR
1 G	115114	CLEIPH, AL RESIDENCE (IF NURSING HOME OR		ne	AdelPh:	HousewiF	-e OWN He	me
2 6	13a. S	TATE 136 COUN	NTY 134 CITY OR TO	Nort - 1		13e STREET ADDRESS		t
10	14 FA	THER'S NAME	MIGH BILLER		YES NO NO NAME NO NAME NAME NAME NAME NAME NAME NAME NAME	1400 Fen	WICK LA	10
Ka	N	A FIRST	MIDDLE BOLLAST		M 4 PIRST	WIDDLE	Co \ LAST	
QC.	160 \0.	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	EN	17 INFORMANT	ADDRESS	Cohen	
2	{Y	ES, NO OR UNKNOWN) (IF YES, GIVE	EWAR OR DATES)		5		B	2
					STANIEY AR	5RAMS-1909	APPROXIMATE INTI BETWEEN ONSET AN	PVAL
		PART I. DEATH WAS CAUSE		JTIVE	- HAMPI 1	maure	BETWEEN ONSET AN	DDEATH
		IMMEDIAT	TE CAUSE (U)	1	1	777		
		Conditions, if ony, which	DUE TO, OR AS A CONSEO	LICE	dron8.			
		gave rise to immediate	(b)		1			
	Д.	couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEO	UENCE OF	(			
		PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO	DEATH BUT N	OF RELATED TO THE TERM	NAL DISEASE OR CONDITION	ON GIVEN IN PART 1(a	
	NO	Ce	rehal V	asul	lor alec	con		
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	WAS PERFORMED		E IF YES, WERE FINDINGS USE CERTIFYING CAUSES OF DEA	
ó.	TIE					YES NOT	YES NO	_
9	CER	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	TEM 18, PART 1 OR PART 2)	
1	CAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		19				
Н	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E EARAS ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	2	WHILE NOT WHILE AT WORK	(Armone, since), racioni, orne	(2)	VAS.			
	-41	220.1 certify that (I) (this hospi	ital) ottended the deceased from	1	1103 19	, to	, 19, that (I)	
	100	saw the deceased alive an obove, (1) (we) (did po	at) view the bady after death	and	that in (my) (pat) opinion o	death accurred on the date of	and haur and from the couses s	tated
	1/2	22b. SIGNATURE	1/1/2 ans	110	ATTENDING	MEDICAL STAFF	22c. DATE SIGNED	136
		Maco	20 Macus	001	PHYSICIAN [	DIRECTOR   PHYSICIAN	0 3/01/	17
1		224 PHYSICIAN'S NAME (TYPE OF	RPRINT)		22e ADDRESS 630	[ Town	87 8/8/16	111
-	a	MOBERT /	IRAMER		0070	FENION	81 DIDE	
	23a. B	URIAL, CREMATION, REMOVAL	- I	NAME OF CE	METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	TATE .
		SURIAL	MAY 30,1979 M	ling	David	Italls Cha	nch FAIRFAX	VA
	74 FL	INERAL DIRECTOR	REAS CADDRESS	MILLER	2 SPELIVESO. DATE	REC'D. BY REGISTRAR 256.	RESTSTBALS SIGNATURA	7
		Ne III I I I I Dan	REAC (%	1/1/17		3114 1010		

DHMH - 16 50M 1/76 (VR A 15 (4))

W CHAMBERS Co

BP.

The surface of the second seco AND THE PROPERTY OF THE PROPER ALL MARKET SEED TO SEE THE MALES AND STREET AND A VALUE OF THE PARTY OF THE PART ν

10	1- S	ems #1  OR  TATE  EGISTRAR	ŏa−22a I	'ilm	D	EPART/	Y TSTAT MENT OF H EXAMINE	EALTH	AND M	ENTALH			7.0	- 1	2791	6
M	1. DEC	EASED NAM	E FIRST	lian		Johr		-, 44	irs			a. DATE KN	2011-	монтн	26 19 75	2b. HOUR
ON STREET	-	nale	4 RACE White	Dec	. 10,1		6. AGE (IN YEAR LAST BIRTHDAY 48 YRS	MONTH	DER 1 YR.	IF UNDER	MIN. P	RONOUNCE DEAD	D	4	26 T9 79	9 4:12 PM
The second of th	So		rolina		USA			WIDOW		DIVORC	ED .	Princ	ce Geo	rge	ry of DEATH	
D. 21201 H. IF ANY DELAY IS W. 2. AND 3 TO THE R. 3. RETAIN PAGE 2 SHOULD BE FILED AL RECORDS, 30 IV	L	aurel		Gr	eater	Laure	el-Belt	svil			FOR M	al occupat ost of workin tracti	G LIFE)		OR INDUST US GOV	TRY
IF ANY D S, AND 3 SHOULD I RECORE	13a. ST.		(IF IN NURSING HOM 13b. COU PG	JNTY	INSTITUTION, GIVE		OR TOWN	۷)	13d. INSIDE (	NO 🗆		et address Mont	pe <b>l</b> ier	r Dr	ive	
DRE, MD. 2 R DEATH. IF AGES 1, 2, RM PM 3, 1 AND 2 SI OF VITAL I		HER'S NAME FIRST	Lonnie		MIDDLE Johnson LAST IS. MOTHER'S MAIDEN NAME FIRST Emma MIDDLE Berry						rry	LAST				
BALTIMORE, MD. URS AFTER DEATH URS AFTER DEATH WITH FORM PM. PAGES 1 AND 2 DIVISION OF VITA		AS DECEASE , NO, OR UNKNO NO	D EVER IN U.S. A	ARMED FO			44 038		Lee		same	as ab	ove			
301 W. PRESTON ST., CUTED WITHIN 24 HOL IN PENCIL IN TEM 18 IL EXAMINER ALONG VIRAL-TRANSIT PERMIT, ID MENTAL HYGIENE, IL V. OR REMOVAL.	NO	Condition gave riscause (or lying conditions)	ns, if any, whi se to immedia ) stoting the <u>und</u>	SED BY: IATE CAUS	SE (a) Se DUE TO, OR A (b) DUE TO, OR A	izur AS A CON	e, caus	F			10				APPRÖXIMAI BETWEEN ONSI	ET AND DEATH
TE SHOULD WORD "FE CHIEF A HE CHI	CERTIFICATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?											20. AUTOPSY	NO 🗆		
SION O	15	UNDERLYING	NG CAUSE C	- 30	21b. TIME OF HOUR A.M. P.M. 21e. PLACE O	МОИТН	DAY YEAR 19		OW INJURY	OCCURRE	D LENTER N	ATURE OF INJUR	Y IN ITEM 18 PAI	RT 1 OR PA	RT 2)	
WAW WAN	ME		NOT WHILE AT WORK		STREET, FACTO				STREET			CITY OR TOWN		COI	VINUY	STATE
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORK TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE \$1] BALTIMORE MARYLAND, 2)		death result ACTUAL SIGNATURE	ify that I taak cho ted fram: Na NAME Virg	turol caus	es E,	Accident	, Suid	Autap	, Hami	Inspection cide , PECIFY) tant	Undete	Inquiry L remined mone CAL EXAMIN	ner,	DATE SIGNE	4/27,	/79
0201 PP				Apr	řil 30,	1.979	Caroli	etery o na. I	R CREMATI		anden	Cha	rlest	coul	South C	arolin
DHMH - 17 (VR A15 ME (5)) 15M 7/76	24. FU	NERAL DIREC	aldson	Funer	ral ADPHON	ne, L	aurel,	Md		MA		1979	Fir	try,	Sea Chron	4

The second of th				
The second of th	001314011			
The second of th				
AGAINST CASE  FOR STATE SELECTION SHOWS LEADER CASE SELECTION SHOWS SELECTION	BEET THE REAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PART			
AGAINST CASE  FOR STATE SELECTION SHOWS LEADER CASE SELECTION SHOWS SELECTION				
AGAINST CASE  FOR STATE SELECTION SHOWS LEADER CASE SELECTION SHOWS SELECTION			The same	
The state of the s				
			MARY V	
	TVO TO THE STATE OF THE STATE O	to I Count I served		
	min will the contract of the			
			A STATE OF THE STA	
Contragalation, Labor, 1979 Taylor 1979 Taylor Salaria	TOTAL TITLE .	-10		
		in the local district	WHI FIRST OF THE	

				DEPARTMENT OF HEALT			- 1070/
REGISTRAR  1. DECEASED NAME (TYPE OR PRINT)  Adina  Al	R		ME	DICAL EXAMINER'S	CERTIFICATE OF DE	EATH REG. 40	9-12/9/
Ī		ORPRINT) Adin	a		FRSON)	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR 26. HC
3	SEX	make White	S. DATE OF BIRTH MONTH DAY	-90 88 YRS.	INDER I YR. IF UNDER 24 HR	S. 2c. DATE PRONOUNCED DEAD  5	MONTH DAY YEAR 28 HG
9	17	THPLACE (STATE OR PIGN COUNTRY)	7b. CITIZEN OF WH	5A WIDO	RIED NEVER MARRIED	Brince G.	R COUNTY OF DEATH
20	OX	Y OR TOWN OF DEATH  (OM 1/1/1  RESIDENCE (IF IN MURSINGHOM	416 Ha	PITAL, NURSING HOME, OR OT CILITY, GIVE STREET, ADDRESS TO CY WOITY MICE	0 1111 1	USUAL OCCUPATION (TYPE OR MOST OF WORKING LIFE) T Housekeepe	OR INDUSTRY
	1/2	ingland It	E OR OTHER INSTITUTION, GR	13g CITY OR TOWN	YES NO 14	STREET ADDRESS 16 Hayworth	Place
1		THÉR'S NAME FIRST Chris	S.	Anderson	15. MOTHER'S MAIDEN NA FIRST Jensena	MIDDLE	<b>Jensen</b>
1	(YES	AS DECEASED EVER IN U.S. AS NO. OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166. SOCIAL SECURITY NO. 469-44-9065	Olga Anderson	ADDRESS n-Sister Sam	ne as #13
		Conditions, if any, which		AS A CONSEQUENCE OF			
		gove rise to immedia cause (a) stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CONDITION CONDITIONS CONDITIO	DUE TO, OR  (c)  NS CONTRIBUTING TO DEATH  WALLEL	AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DISEA	A ,		
7		gove rise to immedia cause (a) stating the under lying couse last.  PART 2 OTHER SIGNIFICANT CONDITION  PART 2 OTHER SIGNIFICANT CONDITION  19a. DATE OF OPERATION	DUE TO, OR  (c)  NS CONTRIBUTING TO GEATH  19b. CONDIT	AS A CONSEQUENCE OF  BUT NOT RELATED TO THE TERMINAL DISEA  COLUMN TION FOR WHICH OPERATION V	A ,		20. AUTOPSY? YES □ NO □
	CERTIFICATION	gove rise to immedia cause (a) stating the under lying couse last.  PART 2 OTHER SIGNIFICANT CONDITION  19a. DATE OF OPERATION  21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O	DUE TO, OR  (c)  NS CONTRIBUTING TO OEATH  19b. CONDIT  21b. TIME OF HOUR A.M  P.M	BUT NOT RELATED TO THE TERMINAL DISEASE  CONSESSED TO THE TERMINAL DISEASE  TION FOR WHICH OPERATION OF THE TERMINAL DISEASE  TION FOR WHICH D	y y y y y y y y y y y y y y y y y y y	ER NATURE OF INJURY IN ITEM 18 PJ	YES NO [
	EDICAL CERTIFICATION	gove rise to immedia cause (a) stating the under lying couse last.  PART 2 OTHER SIGNIFICANT CONDITION  19a. DATE OF OPERATION  21a. EXTERNAL CAUSE WAS UNDERLYING   OR	DUE TO, OR  (c)  NS CONTRIBUTING TO GEATH  19b. CONDIT  21b. TIME OF HOUR A.M  F DEATH  P.M  21e. PLACE C	BUT NOT RELATED TO THE TERMINAL DISEASE  CONSESSED TO THE TERMINAL DISEASE  TION FOR WHICH OPERATION OF THE TERMINAL DISEASE  TION FOR WHICH D	was performed?	ER NATURE OF INJURY IN ITEM 18 PJ	YES NO [
	MEDICAL CERTIFICATION	gove rise to immedia cause (a) stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CONDITION  19a. DATE OF OPERATION  21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING AT WORK  27a. I certify that I took characteristics.	DUE TO, OR  (c)  NS CONTRIBUTING TO OEATH IN 19b. CONDIT  21b. TIME OF HOUR A.M F DEATH P.M  21e. PLACE C  STREET, FACT	BUT NOT RELATED TO THE TERMINAL DISEASE  COMMUNICATION FOR WHICH OPERATION VIOLENTIAL PROPERTY OF THE PROPERTY	WAS PERFORMED?  HOW INJURY OCCURRED (ENT  OCATION STREET  PSY, Inspection	CIDY OR TOWN	YES NO
2	MEDICAL CERTIFICATION	gove rise to immedia cause (a) stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CONDITION  19a. DATE OF OPERATION  21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING AT WORK  22a. I certify that I took chade of the resulted from: No	DUE TO, OR  (c)  NS CONTRIBUTING TO DEATH  19b. CONDIT  19b. CONDIT  21b. TIME OF HOUR A.M P.M  21e. PLACE C STREET, FACT  19c. STREET, FACT	BUT NOT RELATED TO THE TERMINAL DISEASE  COMMUNICATION FOR WHICH OPERATION VIOLENTIAL PROPERTY OF THE PROPERTY	WAS PERFORMED?  HOW INJURY OCCURRED (ENT  OCATION STREET  PSY , Inspection , Homicide , Und  THIE (SPECIFY) M.D. LECTOR M.D. L	Inquiry , ond determined manner , EDICAL EXAMINER	YES NO  ART 1 OR PART 2)  COUNTY STA

STATE OF MARYLAND

0-12131

Ret Nousekeeper Fone

Jersen Jennene S. Arderson Chris 1159-114-9065 Olga Anderson-Sister Sime as 413 OW

Burdal May 31.1979 Danish Reptist Cemetery Blooming Frairie, Minusco a

J. Wim Tee's Sons Co., 300-4th St., ME. Weshondo.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN X DECEASED NAME LTYPE OR PRINTS OF ESTI-DEATH MATED GYAN ARORA 4 RACE DATE OF BIRTH IF UNDER 24 HRS 8:17 DATE YEAR LAST BIRTHDAY) PRONOUNCED 179 3-2-1942 12 E. Indian DEAD male IZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE STATE OF MARRIED NEVER MARRIED India Prince George's County DIVORCED India 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS IB CITY OR TOWN OF DEATH OR INDUSTRY Silver Springs Cashier-Hilton Hotel Prince George's Hospital USUAL RESIDENCE (IF IN NURSING OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 30. STAT 13d. INSIDE CITY LIMITS? 8104 Tahona Drive 511. Sp Montgomery OF VITAL 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST Arora 7 4717 Darla Dr. Ft. Worth, Texas 76132 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNO Kamlesh K. Sharma -sister in law None unknown APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION OF HEA 196. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B. AUTOPSY? E DEPARTAENT OF PRIOR TO BURIAL, C YES . NO . 218 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 7:15.M. 5 12 1979 UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH driver in auto/auto collision 21d. INJURY OCCURRED 218, PLACE OF INJURY (AT HOME. AT WORK AT WORK STREET, FACTORY, FARM, ETC.) southbound lane 6800Blk. New Hampshire Ave. Prince George's, Md near Lebanon Street ULD BE TO DIRECTOR: P 22a. I certify that I took charge of the remains described above, held an and in my apinian Inspection Accident X/ Suiciae L\_\_\_\_\_, Hamicide Undetermined manner death resulted fram: TITLE (SPECIFY) ACTUAL SIGNATURE DATE TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, 8 5/13/79 Assistant EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Washington, D.C. Lee's Crematory 5-15-79 Cremation BP. 250. DATE REC'D. BY REGISTRAR ASh. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** Lee Funeral Home 300-4th St. N.E. Wash.D.C. 20002 (VR A15 ME (5)) 15M 7/76

Morage Patoni & att I PIBOL x Clok Tehors Drive Montgomery Sil. Sp PTOTT 1 er a year direct of the of the Mamiesk K. Shows -statem to lev Mone Mone

Chematton

5.15.79 Lee's Great tory Wishington, D.C.

Canhier-Hilton ichel

Tee Ting of Tore 200- 1th St. M. P. west D.C. - ((CC)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH I. DECEASED NAME MONTH DAY YEAR 26 HOUR TYPE OF BRIDE LADRED 05 79 10:10P MM 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH MONTH YEAR DAYS 13 00 Caucasian 10 Female Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY TISA Mass. WIDOWED DIVORCED [ Prince Georges 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife at home SOUTHERN MARYLAND HOSPITAL CENTER Clinton BALTIMORE, MARYLAND 21201 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3n STATE 136 COUNTY 113c. CITY OR TOWN 13d INSIDE CITY LIMITS? 4514 Weldon Dr. Brince Georges Temple Hills Md. 14 FATHER S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE Chetwin Allison Ruth John T. L. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Howard Kinports. Jr. 4507 Lajean La. 023-18-0115A none 18 CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditions, if ony, which gove rise to immediate cause (a), stoting otho underlying cause 20 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? 190 DATE OF OPERATION br IN CERTIFYING CAUSES OF DEATH? NOF YES [ entol Hygie iol-transit 4º 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 0 21d IN JURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an. and that in (my) (aur) opinian death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death DEGREE 22c. DATE SIGNED 0 detac \* ATTENDING EDICAL be deto DIRECTOR PHYSICIAN PHYSIC IAN MPORTANT should be with the St 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d, LOCATION Suitland COUNTY Md. (SPECIFY) 23/79 Wash. National Cem. BP. Burial 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 (VRA 15 (4)) G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill. Md.

u. . hales from the decided will, one.

the state of

White the test that the test to Clearly painted TIOF have personnel at ool . The honfrent Islandered the state the second of the secon lobert I. But can I from bear as above All alvert or brestones en ninont N PTATA To sell remarks I have seen a second blanch Items #18a-22a Film G533

10831-23 - 10831-1 e le THE THE THE PARTY OF THE PARTY AND SELECTION OF THE SELECTION OF SELECTION e comment of the comm 7 7 

## BANKS 3 SEX 4 RACE 5 DATE OF BIRTH MONTH DAY RLACK MAY To BIRTHPLACE (STATE OR FOREIGN CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MD DGGH USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 2. G YES T 4 FATHER'S NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATEST None 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c), PART I. DEATH WAS CAUSED BY: tusity Tunna IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF oth underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VIT AL RECORDS, CERTIFICATION prior 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 216: TIME OF INJURY 00 HOUR A.M. MONTH BAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION ā (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased fram. DIRECTOR: saw the deceased alive an\_ abave, (1) (we) (did) (did not) view the bady after death. 22h SIGNATURE DEGREE FUNERAL I APORTANT. 22d. PHYSICIAN'S NAME MYPE OR PRINT 22e ADDRESS TO I

- STATE

TYPE OR PRINT

REGISTRAR

DECEASED NAME

26 HOUR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 2n DATE OF DEATH MONTH MAY IF UNDER 1 YEAR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS YEAR BALTIMORE CITY OR COUNTY OF DEATH DIVORCED County 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY NONZ 13e STREET ADDRESS NO 15 MOTHER'S MAIDEN NAME MIDDLE LAST DZBORAH RANK ADDRESS APPROXIMATE INTERVAL 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES T NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (aur) apinion death occurred on the date and haur and fram the causes stated 22c DATE SIGNED MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Prince George's Hospital, Cheverly, P.G. Md

24 FUNERAL DIRECTOR Raleigh Cline, Cheverly, Maryland

23b. DATE

6/1/79

CHA MD

KOUNG

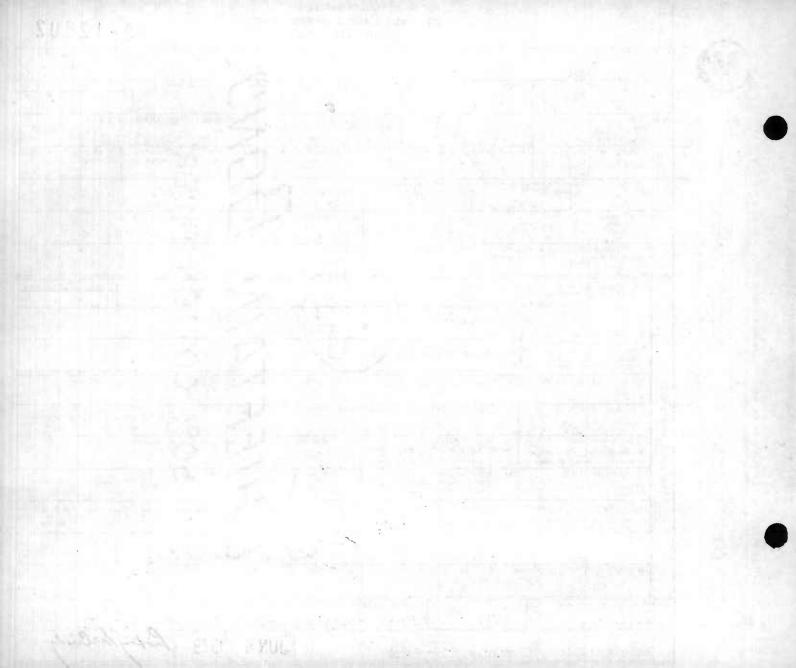
230. BURIAL, CREMATION, REMOVAL

cremation

(SPECIFY)

LAST

DHMH - 16 60M 7/73 (VR A 15 (4))



1	3		11	em #1 per phone	e call						*2 0	1280	13
1			1-	FOR 6/15/79 rc STATE REGISTRAR		DEPAR		EALTH AND ME ICATE OF DE				1700	13
				REGISTRAK	atore	MIDDLE		AST		REG. NO		AY YEAR 2	h HOUR
	ath of			ON LKHALL				E 93			-		
/	0 o o		3. SEX	Salve	4 RACE	John	Barbie C		6	AGE (IN YEARS LAST BIRT			11:32PM
(	S office		100	Male	Whi	te	3 MONTH	12	1922	57	YRS	ONIHS DAYS	HOURS MIN
	dire	é		RTHPLACE (STATE OR FOREIGN	76 CITIZEN	OF WHAT COUNTRY	? 8	NEVER MA	9	BALTIMORE CITY O	11101	OF DEATH	
	mero in 72	1047		Wash. D.C.	Pr	ince Georg			ORCED	Prince (	eorge	S	MD.
	fter den he fune within	Don'tied		TY OR TOWN OF DEATH	11. NAME	OF HOSPITAL, NURS	ING HOME C	R OTHER INSTIT	UTION 1	2ª USUAL OCCUPATI	ON	126 KIND OF	BUSINESSOR
201	by the	not /		Clinton		hern Md.		. Ctr.		type of work for most of Mechanic		Sheet	Metal
OK KLEUSE BALTIMORE, MARYLAND 21201	4 houed in	d tsu	13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITU	13c. CITY OR TO	WN	134 INSIDE CITY	LIMITS? 13	e STREET ADDRESS			
LAN	oin 24 ly filli shoul	E Z	_	Md. P.G.		Forestvi	lle	YES NOTHER'S M		7115 Bel	tz Dr	ive	•
ARY	mplete	a xamir		FIRST	MIDDLE	£AST		FIRS	ST	MIDDLE		Palmie	
E. A.	5 0~	calex		IOVANNI L. VAS DECEASED EVER IN U.S. AR	-	arbieri	URITY NO.	Grace 17 INFORMANT		ADDRE	SS	raimie	EL
MOR	e exect	medic	()	ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATE	5)				Barbieri	Samo	as 13	a-e
X III	te be	the		18 CAUSE OF DEATH (Enter on	ly one couse			LILIZA	Decii I	albleil	Danie		ATE INTERVAL SET AND DEATH
1:	phys n pag	vent,		PART I. DEATH WAS CAUSE	D BY			RDIAC	ARK	REST		GET WEEN ON	SET AND DEATH
S. N.	ding arba	o ptice		410-		D, OR AS A CONSEQ	19				1.10		
YEST CEST	deat otten	m no		Canditians, if any, which	( t	p)	Y	CUTE	myo	CARDIA			
O ×	the the remo	other t		gave rise to immediate couse (a), stating the underlying cause last.	DUETO	O. OR AS A CONSEC	JENCE OF			INFY	ARCTION	V	
0.5	s that	0 0			( (c	)							
OK BY (MONER). DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	quires signe hen p	jury,	Z	PART 2 OTHER SIGNIFICANT	ONDITION	IS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	O THE TERMIN.	AL DISEASE OR CON	DITION GIVE	N IN PART 1 0	
N S	been mit. T	any in	CERTIFICATION	19a. DATE OF OPERATION	19b CC	ONDITION FOR WHIC	H OPERATIO	N WAS PERFORM	MED	20s AUTOPSY?		WERE FINDING	
I RE	be lo Dn. hos per	sw Z	TIFIC			-				YES NO X	IN CERTIFY YES	ING CAUSES O	F DEATH?
O, TY	N. TI nysicia cate ransit	88 54	CER	210 ACCIDENT WAS UNDERLYING	11011	AE OF INJURY	DAY YEAR	21c. HOW INJU	RY OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18, PA	RT I OR PART 2)	
104	SICIAN: ng physi certifical rial-tran	Hem	CAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH HOOM	P.M.	19						
SION	PHYS endir this se bu	o po	MEDICAL	214 INJURY OCCURRED		ACE OF INJURY	, FARM, ETC.)	211 LOCATION STREET	474	CITY OR TOV	M	COUNTY	STATE
DIVI	ING roth	a x	,	AT WORK AT WORK				1 - 4	19	019	à	200	
	END fal o	S S		27a I certify that (I) (this haspi saw the deceased alive on	tol) ottende	the deceased fram	76	d that in (my) (a)	19 appings dec	oth occurred an the de	to and hour		at (I) (we) last
	A ATT haspire IRECT(	m 2		abave, (1) (we) (did) (see ma 22b, SIGNATURE	he b	ody after death		DEGREE	or / opinion dec	on occorred an me at	ore one moor	22c, DATE SI	
	0 5 0 50	# 14		$\Delta$	#	ralm.			ENDING &	MEDICAL STAI	F	51	25 /79
	PITAL by th VERAL Stote	Z		22d. PHYSICIAN'S NAME (1	Devit V	CVVV		22e ADDRESS	ITSICIAN /	DIRECTOR   PHYSIC	IAN []	1	2- 111
	TO HOSPITAL retained by 11 TO FUNERAL should be det with the State	PORT						The Land					
210	5 g 5 g 3	<u> </u>		URIAL, CREMATION, REMOVAL	23b. DATE	E 23c	NAME OF C	EMETERY OR CRE	EMATORY	23d LOCATION		COUNTY	- STATE
04/0	BP		{:	Burial	5/28	3/79	helte	nham M	d. Vet	Chelter	ham I	P.G., 1	Id.
	DHMH - 16 60M 1/7	5		INERAL DIRECTO	7F.	ROOV.L.			250. DATE R	ECD. BY BECUSTOAR	25b. Re 5 15	AR'S SIGNATION	TE MAN
	(VR A 15 (4))		Le	e Funeral Ho	ne, C	linton,	Maryl	and					

78-17893 And then the court and late of the section of the s AND SERVICE STATE OF transfer in the state of the st west to the state of the state A PARASON FAX PARA Committee of the second Timber 1 Ver 1 1/28/79 . Chelenders 12. Ver 2/4/15 m en J. I. 

STATE OF MARYLAND

79-12804

REGISTRAR 256. REGISTRAR SCONATURE

EASED NAME FIRST  R PRINT)  RAYMOND	WILLIAM		ast RHAM	REG. NO.  20. DATE OF DEATH MONTH  MAY 16,1979	DAY YEAR	2b HOUR
RAYMOND	WILLIAM	BA	DUAM	IMAY 16 1070		11.00
			KHAN		100	4:30 a <sub>M</sub>
	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
Male	White		13, 1911	67 YRS		
THPLACE (STATE OR FOREIGN UNTRY)	76 CITIZEN OF WHAT COUNTR	RY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
Wash. D.C.	U.S.A.	WIDOW	D DIVORCED			WE
				(TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY	OF BUSINESS OR
				Ret. Ser. Mgr.	Automo	otive
Md. A.A	13c. CITY OR TO	NWC	13d Inside City Limits? Yes 🙀 no 🗌			
HER'S NAME FIRST	AIDDLE LAST				(4)	17
dilton	Bar	ham	Lillian			
	MED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	240		ame as
No		2155	Edith M. Barl	ham (Wife) No	# 13e.	
Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEC	OUENCE OF	MYDE ARDI COLONARY SIABIETES	AL INFARCTI	ME	
			POTENSON.	AINAL DISEASE OR CONDITION G	VEN IN PART III	ALANU
DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDIN IFYING CAUSES	NGS USED
OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
VIII. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
saw the deceased olive on	5/15/19		nd that in (my) (our) opinion	death occurred on the date and ho		that (I) (we) los causes stated
22b. SIGNATURE	SRae		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE	SIGNED
A 1	6 1 0	q	7131 PISCH	TAWAY RD.	CLINTO	1N. 0735
1 2 2	Wash. D.C.  YOR TOWN OF DEATH  ANHAM  RESIDENCE (IF NURSING HOME OR ATE 135, COUN Md. A.A.  HER'S NAME FIRST  AS DECEASED EVER IN U.S. ARI  S, NOOR UNKNOWN) (IF YES, GIVE NO 18 CAUSE OF DEATH LEnter on PART I. DEATH WAS CAUSE IMMEDIAT  Conditions, if any, which gove rise to immediate cause (or), stating the underlying cause lost.  PART 2, OTHER SIGNIFICANT COUNTY AND CAUSE OF DEATH COUNTY AND CAUSE OF DEA	Wash. D.C.  YOR TOWN OF DEATH  ANHAM  DOCTORS  I. RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BE ATE 136. CITY OR TO THE STATE 1	Wash. D.C.  YOR TOWN OF DEATH  ANHAM  DOCTORS  II. NAME OF HOSPITAL, NURSING HOME OF OCTORS HOSP. OF GREAT ADMISSION HOSP	Wash. D.C.  U.S.A.  WIDOWED DIVORCED DIVORCED TO YOR TOWN OF DEATH  ANHAM  DOCTORS HOSP. OF P. G. CO.  RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, CHAP RESIDENCE BEFORE ADDRESS)  Md. A.A.  RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, CHAP RESIDENCE BEFORE ADDRESS)  Md. A.A.  RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, CHAP RESIDENCE BEFORE ADDRESS)  Md. A.A.  RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, CHAP RESIDENCE BEFORE ADDRESS)  Md. A.A.  RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, CHAP RESIDENCE BEFORE ADDRESS)  MD.  RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, CHAP RESIDENCE BEFORE ADDRESS)  MD.  RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, CHAP RESIDENCE BEFORE ADDRESS)  MD.  RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, CHAP RESIDENCE BEFORE ADDRESS)  MD.  RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION  AT I. NO   IS MOTHER'S MAIDEN NA FREST  IS MOTHER'S MAIDEN NA FREST  IS MOTHER'S MAIDEN NA FREST  IN MOTHER'S MAI	Wash. D.C. U.S.A. WIDOWED DORCED Pr. Geo. CO YOR TOWN OF DEATH  IN NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TYPE OF MICH.  ANHAM  ANHAM  DOCTORS FOR STREET ADDRESS OF T. G. CO.  Ret. Ser. Mgr.  RESIDENCE (IN NURSING HOME OR OTHER INSTITUTION) THE RESIDENCE OF Mgr.  RESIDENCE (IN NURSING HOME OR OTHER INSTITUTION) THE RESIDENCE OF Mgr.  RESIDENCE (IN NURSING HOME OR OTHER INSTITUTION) THE RESIDENCE OF Mgr.  RESIDENCE (IN NURSING HOME OR OTHER INSTITUTION) THE RESIDENCE OF Mgr.  RESIDENCE (IN NURSING HOME OR OTHER INSTITUTION) THE RESIDENCE OF Mgr.  Ret. Ser.	WASH, D.C.  VIS.A.  WIDOWED DMORCED DMORCED  IN. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  DOCTORS HOUSE STREET ADDRESS  OF CO.  RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION)  ANHAM  RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION)  ING COUNTY  ING COUNTY

DHMH - 16 50M 1/76 (VR A 15 (4))

24. FUNERAL DIRECTOR

Gasch's Sons F.H. P.A. Hyatts. Md.

BP

TO FUNERAL DIRECTOR: After this should be detached for use as the buwith the State Dept. of Health and M

". Canall's Some F. Co P. L. Vencia. No.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) amas 05 30 79 1:53 PM 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR HOURS Male Caucasian 12 99 A BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED S NEVER MARRIED USA Wash., D. C. WIDOWED DIVORCED [ Prince Georges ID CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY center Electrical Union PRESTON ST., BALTIMORE, MARYLAND 21201 Clinton Southern Maryland Hospital USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE 13b COUNTY 113c CITY OR TOWN 13e STREET ADDRESS #201 YESX Md. Pr. Geo Forrestvill 3747 Donell Dr 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Johnson Joseph Barnes Margaret ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Above ( IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) No 578-05-8721 A Gladys W. Barnes, Wife, Same as 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b)
PART I. DEATH WAS CAUSED BY CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse lot, stating DIVISION OF VITAL RECORDS, 201 W. underlying couse 5 PART 2. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19g DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ITC.) STATE NOT WHILE 220.1 certify that (1) this hospital ovended the deceased from new purl approach death accorded an the date and have and from the couses stated DEGREE THE DATE SIGNED + ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [ MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS d plu 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cremation 6 - 2 - 79Crematory Suitland 25a. DATE REC'D. BY REGISTRAR 25b. RE DHMH - 16 60M 1/75 E Wilhelm ADDRESS4308 Suitland (VRA 15 (4)) Funeral Home Rd., Suitland, Md.

1200		1				STATE O	FMARYLAND			
	6		1-	FOR STATE	DE		LTH AND MENTAL HYGI	ENE	79-12	806
-11			1.00	REGISTRAR	MIDDLE	CERTIFIC	ATE OF DEATH	REG. NO		000
	e 5 €		(TYPE	CEASED NAME FIRST OR PRINT)		Re	CKex_	20. DATE OF DEATH MG	ONTH DAY YEAR	26 HOUR
	moy pag er de	= 1/4	3. SE)		4 RACE	5 DATE OF B	BIRTH	6 AGE (IN YEARS LAST BIRTHD		
	age 4 irector		1	-emale	white	APRIL	28, 1916	63	YRS. MONTHS DAY	
	death. P.	at ance.	7a BII	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUL	WIDOWED [		PRINCE	G-CORY	4.
10	by the fune	natitied	10 CI	VATISVILLE	11. NAME OF HOSPITAL, NO INSUCH FACILITY, GIVE	ESTREET ADDRESS)	UR. Home	120 USUAL OCCUPATION (TYPE OF WORK OR MOST OF W	ORKING LEEL INDUSTR	GOVY GOVY
ND 212	hin 24 hou ily filled in should be	35	USU /	ALRESIDENCE (IF NURSING HOME OR TATE 135 COUNTY)	OTHER INSTITUTION, GIVE RESIDENCE ITY OF THE STATE OF THE	E BEFORE ADMISSION) RIOWN // 1/2	INSIDE CITY LIMITS?	13. STREET ADDRESS Z	ASAILE R	29,
MARYLA	mplete	- Assomine	14 FA	THER SNAME JOSEPH	AIDDLE J. BEI	KER 15	MARY		Bosch	LAST
BALTIMORE, MARYLAND 2120	+ 0	medical		VAS DECEASED EVER IN U.S. ARI ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIA WAR OR DATES) 233-	05-0441 H	FATHER V	BECKER (	300)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA	hat the deoth certificat by the attending physis ase remave carbanpop I, crematican, ar removo	ar ather troumotic event, th		PART I. DE ATH WAS CAUSEI IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)	SEQUENCE OF	enmenia BREAST	CA	30 12	OXIMATE INTERVAL IN ONSET AND DEATH
ECORDS, 2	aw require been sign rmit. Then priar to bu	s any injury,	CERTIFICATION	PART 2 OTHER SIGNIFICANT O	196 CONDITION FOR V			20a AUTOPSY?	TION GIVEN IN PART  ROD. IF YES, WERE FINE IN CERTIFYING CAUSI	DINGS USED
LALE	The I	od od	RTIF		1	100		YES NO	YES	NO 🗌
OF VI	phys phys refico	2 7		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		H DAY YEAR	1¢ HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY I	N ITEM 18, PART 1 OR PART 2	
VISION	S	ked or lie	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	P.M.  21e PLACE OF INJURY (AT HOME, STREET, EACTORY, 6		If. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
٥	ATTENDIN aspital ar eCTOR: Aft d for use as	m Z I is mar		220.1 certify that (I) (this hasped saw the deceased alive on above, (I) (we) (did) (did	5/19	19 <b>79</b> , and t	hot in (my) (🗪) opinion d	, to My seeth occurred on the dote		
	Y the horal DIRE	£		226. SIGNATURE	Host	FIND	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	100	19/79
	retoined by TO FUNER should be	MPOKIAN.		22d. PHYSICIAN'S NAME (TYPEOR	V. Foster		2e. ADDRESS 916	1949	N. UWA	ASLAC
49	S f F k y	2	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE /-74		ETERY OR CREMAJORY	23d LOCATION	cgujny	h 1 514%
	BP	-		BURIAL	12/22/17	IN LESTO	PARY CEM.	wheelin	9 OH10	W. VA.
	DHMH - 16 50M 1/76 (VR A 15 (4))		(	NERAL DIRECTOR	e Hy OTTADOR	55,0/1 M/	25a. DATE	Y 2 2 1979	D. KIRSISTRAR'S STAN	Greedy

MARGAN CHERCA HANT TENDER CONTRACTOR OF THE PARTY OF THE PROPERTY OF THE PERSON AND MERCHANICA THE THE and the same of th Allegan Allegan V and service the service DESCRIPTION OF THE PROPERTY OF

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2g. DATE OF DEATH MONTH . DECEASED NAME (TYPE OR PRINT) ENNEIT 6. AGE (IN YEARS LAST BIRTHDAY) IF UNGER I YEAR IF UNDER 24 HRS. 4 RACE 3 SEX 5. DATE OF BIRTH CIAYS YEAR WHITE BALTIMORE CITY OR COUNTY OF DEATH 78 BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? ISTATE OR FOREIGN NEVER MARRIED COUNTRY DIVORCED [ WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) -. GEN HOSP USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) LANDOUER HILL 13a STREET ADDRESS 13d. INSIDE CITY LIMITS? pluc 7410 VARNUMST 2 sh 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME CHIPOURAS MIGGLE puo BENNETT ADDRESS Ing. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY 14 mins IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO I NO YES [ DIVISION OF VITAL Hygre 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71a. ACCIDENT WAS UNDERLYING 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK MAY 9 22a.1 certify that (1) (this hospital) attended the deceased from. saw the deceased olive an MA 1 9 above, (1) (we) (did) (did not) view the bady after death. 79 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED 77h SIGNAFORE ATTENDING -MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE BP 6/1/79 Prince George's Hospital, Cheverly P.G. Maryland cremation 24. FUNERAL DIRECTOR DHMH - 16 25M (VR A 15 (4) ) 9/74 Raleigh Cline, Cheverly, Maryland

FOR

STATE OF MARYLAND

79-12808

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH DECEASED NAME 26 HOUR TYPE OR PRINT) Catherine Mary Bertolini May 17. 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTHS DAYS HOURS April 28. 1894 Female White 85 TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Washington.D.C. United States Prince George WIDOWED DIVORCED [ 18. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 6417-Knollbrook Drive Adelphi Housewife At home USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. COUNTY
131. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Clarksville 7202-Meadow Wood Way Maryland Howard 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST Gardella Giovanni Gardella Angela B. 6417-Knollbrook Dr., Adelphi, Md MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO I (IF YES, GIVE WAR OR DATES) 577-84-5424 Josephine B. Comberiate-Daughter No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 20h. IF YES, WERE FINDINGS LISED CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? od NO YES [ NO T tento! Hygi 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased sow the deceased alive on (aux) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL May 18,1979 PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS should by with the 201-8th St., N.E., Washington, D.C. 20002 Frederick W. Schneider, MD 23d. LOCATION 230. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY May 21,1979 Fort Lincoln Cemetery Burial Brentwood. Maryland

DHMH-16 60M 1/73

J. Wm. Lee's Sons Co. 300-4th St., NE, Wash., DC



a=2.8	0.06 T. Vew		ווייים וויים	Marin	entred	40
	85	8. 1894	s Ltraj	etide		afarre"
07	Frince Geor		XX	ited States	.C. Uni	d. notar the eigh
ersort ±1	Houserife		overal no	17-Knollbroc	:48	Adelphi
ā May	7202-Meadow Woo	Х	lle.	Clarkart	Brewoll	Maryland
Garlella	-Knollbrock Dr.,	Angela		Gardella	. র	Giovanni
	Comberlate-Daugh		SHE Jose	577-84-		oVi

Frederick W. Schneider, MD

201-6th St., M.E., washington, D.C. 2000

Mey 18.1976

May 21,1979 Fort Lincoln Cemetery Brentwood, Maryland Remina

J. mm. Lee's Sens Co. 200-4th St., ME, wesh., DC

STATE OF MARYLAND 9-12809 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 7h HOUR (TYPE OR PRINT) BINKLEY 05 21 79 6:30P.M. KATHERLINE IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) DAYS HOURS MONTH VEAR 10 08 15 65 Caucasian Female 16 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH IN BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED Virginia U.S.A. WIDOWED & Prince Georges 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)
Homemaker Home (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Southern Maryland Hospital Center Clinton DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN 10402 Basel Dr. Prince Geo Cheltenham NO X Md. 15 MOTHER'S MAIDEN NAME IA EATHER'S NAME MIDDLE MIDDL Perkins Euelah William Skinner 16h SOCIAL SECURITY NO. 17 INFORMANT 6930 Sheffield Drive 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) Carol LaQuay Camp Springs, Maryland 577-74-2841 No CAUSE OF DEATH (Enter only one cause per line for (a), b, and c PART I. DEATH WAS CAUSED BY one Mont Conditions, if any, which gave rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 190. DATE OF OPERATION (ore in NO C 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL a (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21e PLACE OF INJURY 21f LOCATION 3 21d INJURY OCCURRED CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a. I certify that (I) (this haspital) attended the deceased from 21 saw the deceased alive an-\_, and that in (my (our) apinian death accurred an the date and haur and from the causes stated abave, (It (we) (did) (did not) view the body after death 22h SIGNATURE DEGREE 22c. DAJE SIGNED ATTENDING MEDICAL STAFF should be detained with the State PHYSICIAN DIRECTOR PHYSICIAN MPORTANT PIL PHYSICIAN'S NAME (TYPE OF PRINT) 77e. ADDRESS CHARLES PROF. BLOG. WALDORF. MO 230 NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23b. DATE 24,1979 Cedar Hill Cemetery Suitland O'L.G. Md. BP Funeral Home, Inc syday reco Byredistrar 256 Begistrar 256 DHMH - 16 60M 1/75 Alexander Ferry Rd. Clinton, My. (VR A 15 (4))

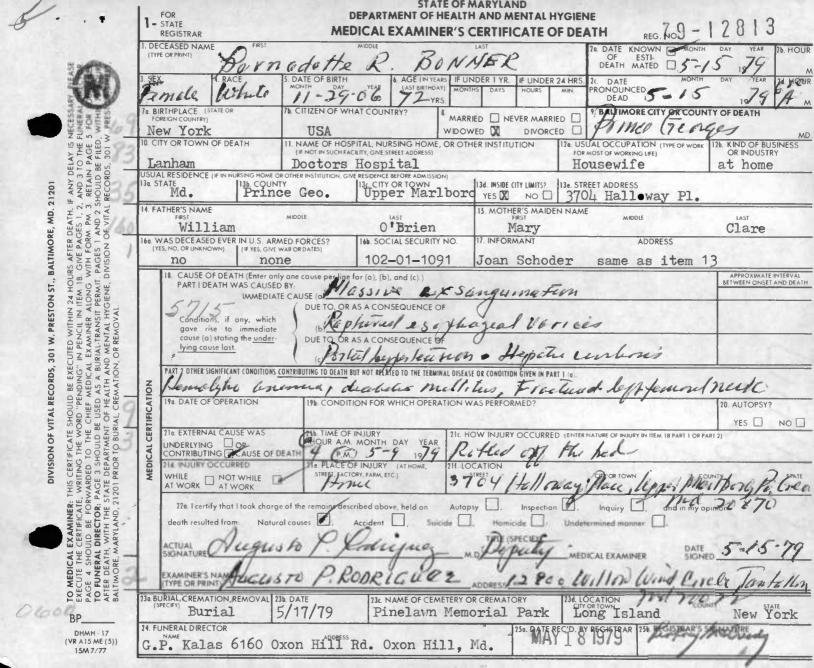
a southware of BARRIOT . I Jake Teaming A. I confide trainment Librates protection with the back of the ba

STATE OF MARYLAND

Lamber Control of the Management of the Contract of A STATE OF THE STA A classical first Areason at the garden . Tetal at high contraction in 

Cara ottor tr		-	70000	sinter.
	20 1001 02	RESEARCH TOTAL	TYTING	
TY 10010 TODAY ST	Enter		.1.2.	2 II amayetaning
ano T	Wiledon asystem	USAF PUBLICAL	HOUR MADDIAN	SELECTION ALLS
EXOC TROTT ST		yy kolazida		HOUS TEATURE
CHESARE STANDARD STANDARD STAN	oro) = 00 Me_ Adagaata	÷	(dagetang	i) Przy liegystych
I AS AVECTA TVA SAIL	A OSOS ANDIEN YO			
		100		
X				
X				
X				
X				
X	COND MAGGINE			

3			1 1	tems 7a,7b	g531	5/22/7	'9 gj	STAT	E OF MARYLAND				
5	(A	•	1-	FOR STATE			DEPAR		HEALTH AND MENTAL HY	GIENE	79-	-128	12
	XAA			REGISTRAR					ICATE OF DEATH	REG.		1 2 0	
				CEASED NAME OR PRINT)	FIRS1	′	MIODLE		LAST	20 DATE OF DEATH	MONTH DA		26 HOUR
	D SECTION				ICE		ELLIOI		LANCHARD		05 07	79	:11A.M.
	ctor, po		3 SEX	emale		RACE aucasia	n	5 DATE		6 AGE (IN YEARS LAST B	MC	NIHS DAYS	HOURS MIN
	Pog dire	di		RTHPLACE (STATE OR FORE			WHAT COUNTR	Y? 8		9 BALTIMORE CITY	OR COUNTY O	DEDEATH	
	oth 72 H	599	CC	DUNTRY)		USA		MARRIE	D NEVER MARRIED				
	fund fund ithin	0		aryland	н 111	NAME OF H	OSPITAL NUR	WIDOW SING HOME	DIVORCED DIVORCED	Prince G			MD. F BUSINESS OR
101	rs afte by the	75	C	linton	50	LIE NOT IN SUC	HEACHITY GIVE STO	EET ADDRESS!	pital Center	Housewif	OF WORKING LIFE)	Own	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	24 hou filled in ould be	35	USUA 13a. S Md	.1.	GHOME OR OT 3b COUNTY rince	Geo.	GIVE RESIDENCE BEI	ORE ADMISSION	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 3311 Dall	as Dr.		
YLA	ithin tely f	- Je		THER'S NAME					15 MOTHER'S MAIDEN N				
MAR	pmple ond	Ex0/60		Howell	WIC	E1	liott		Safiy	WIDDLE	Fark	ood LAST	
ORE	e execu	l dico	LY	(AS DECEASED EVER IN	IF YES GIVE W		166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADD			
I W	be e	a me	N	0	No		578-300	844	K. Devenpor	t 3311 Da	llasDr	, Temp	le Hill
BAL	ficate physicia poper novol.	ent, th		18 CAUSE OF DEATH PART I. DEATH WA	S CAUSED E	BY-	line for (o), (b),		ngestin he	ent failm		BETWEEN	MATE INTERVAL
TS Z	certi ng p rbon	Z ev		1/- 1/2	MMEDIATE (		-		1 John 10	A A			
1018	tend te co	roumoi		7140	E. I	DUE TO, OI	R AS A CONSEC	UENCE OF	chase h	eant dis	con		
8	e of mov	Lo	35	Canditians, if any, a gave rise to imme	diote	(b)			CVX				
*	by th	othe		couse (o), stoting underlying couse	the lost	DUE TO, OI	R AS A CONSEC	UENCE OF					
201	s th	ŏ		BART 2 OTHER CICNIE	EICANIT CO	(c)	ON TRIBUTING T	O DE ATH BUS	NOT RELATED TO THE TER	DATE OF STREET	INDIANO LINGUIS	LINI DADT V	
DS,	quire signe then p	, kunlu	N N	TAKE 2 OTTER STOTE	ICAINI CO		_	O DEATH BOT	NOT RECATED TO THE TER	MINAL DISEASE OR CO	ADITION GIVE	TIT PART TO	
Ö	been mit. I	,	CERTIFICATION	19a DATE OF OPERATION	NC	19b. CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. 1F YES,	WERE FINDING	GS USED
RE	no.	Swows 2	E S		_	10764				YES NO NO	IN CERTIFYI	ING CAUSES	OF DEATH?
IT A	AN: The	8 1	ER	210. ACCIDENT WAS UNDER	RLYING [	21b. TIME O			21c. HOW INJURY OCCU	400			
OF.V	PHYSICIAN: T ending physici this certificate te burial-transind Amental Hygind	lea		OR CONTRIBUTING CAL		HOUR A.		DAY YEAR					
NO	¥ de	- F	MEDICAL	21d. INJURY OCCURRE	,	21e PLACE	OF INJURY	19	21f. LOCATION		_		
IVIS	dG PH offen ter th	rked	W	WHILE NOT WHILE	E	(AT HOME, STR	EET, FACTORY, OFFIC	E, FARM, ETC.]	STREET	CITY OR TO	NWN	COUNTY	STATE
Ω	NDIN NO or No or No or Health	o H		220.1 certify that (I) (t				1	, 19	, to	, 19	79.1	hot (1) (we) lost
	m 4 0 2 T	7		saw the deceased abave, (1) (we) (dia	give on	wew the body	ofter death	19,0	nd that in (my) (our) opinia	n deoth occurred on the	dote and haur o	and from the c	ouses stoted
	OR ATT DIRECT Sched fo Dept. of	E E		226. SIGNATURE	11/		27.5. 0007711		DEGREE			22c. DATE,S	
	AL O AL D detoc	=		1-	XX	Not	MM	m.	MATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN 🗌	5/	7/79
	HOSPIT med by FUNER wild be o	Z		22d. PHYSICIAN'S NAM						20 Barnab			
	TO HOSPITAL (retained by the TO FUNERAL Eshould be detained by the State E	S C		Gurlux N	achna	ani, I	MD.		Oxon Hil		894-73		
	of of Share	₹	23a B	urial, cremation, re	MOVAL	23b. DATE	23	NAME OF	EMETERY OR CREMATORY			1	
180	BP		INC	2Mova1		5-7-	M9 -	eon co	Town Med S	Wash	NOTO	M.	D.C.
	DHMH - 16 60M 1/75		24 FL	NERAL DIRECTOR	1910		100000		3. C 250m	HEREC'D BY PEGISTRA	R 25b. 15 G-1870	NE'S SECOND	RE 4
	(VR A 15 (4))		W	. Cha	mh	Colo	8655	Trevic	i wane	H1 1 0 13/9	1	/	77



E1881-	C. Harris				
			2 60	Maria San	A THE STATE OF THE
N - 2 - 3	*		*	6 11 3	. 1
	and the second			SER SE	er cri
h K + -   -	n _ = v)		1-1-20	moton	177.17
		54	,	.00 20	, Ď
Olore		verill 1	- 1		muility.
13	off a option trans				0 •
			200		
		11.0			
	1.0		and the same	And A	
30.417	100 7 200			Y . A	16 m 64c
of Marine	San San Steel	POLICE A			
				A. Land	
			A. C. C.	4. 1 20	
	To the Town				
par us	built and	r. f irom		07/71	
		.5	(. (Mcn 111),	113- 40-0	E. C. 1021 E 616

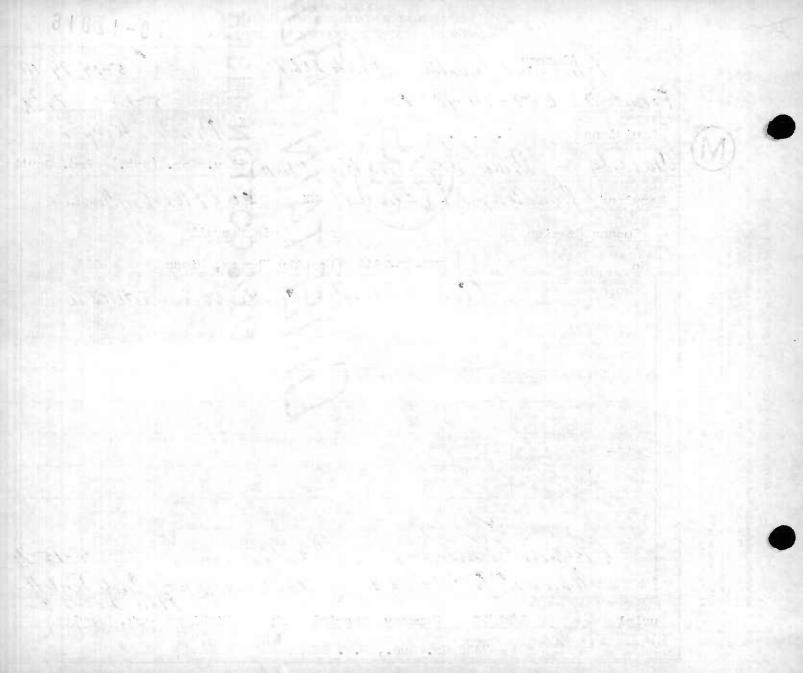
	10		nfo. Film G531			MARYLAND H AND MENTAL HYGII	NE		
	le o	1-	STATE REGISTRAR			CERTIFICATE OF DI	47	9-1281	4
9	(M)		CEASED NAME FIRST (A PRINT)		BOONE	LAST	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR 5-1 1974	26. HOUR
	DARCTCOUR FILES	3. SEX	male White	5. DATE OF BIRTH MONTH DAY	YEAR LAST BIRTHDAY) MON	NDER 1 YR. IF UNDER 24 HR	PRONOUNCED DEAD	MONTH DAY MEAR	2d HOUR
	MEGESSA CUMERAL S FOR VIEW	FO	RTHPLACE (STATE OR REIGN COUNTRY)	U.S.A.	WIDO	NEVER MARRIED C	Prince (70	ngo	MD.
	DELAY IS 3 TO THE IN PAGE 8 FILED (DS, 301	4	CHEVERLY	PRINCE G	AL, NURSING HOME, OR OTH (, GIVE STREET ADDRESS) BEORGES GENERA	F	JSUAL OCCUPATION (TYPE- OR MOST OF WORKING LIFE) EXECUTIVE	OR INDUS	USINESS TRY
21201	AND 3 RETAIN HOULD RECORI	13a. S	ARYLAND PRI.	TY 13	COLLEGE PARK	YES NO 🗆	TREET ADDRESS 5809 BRYN MAL	WR ROAD	
WD	PATH VITA		THER'S NAME FIRST FLOYD	MIDDLE BROWE		IS. MOTHER'S MAIDEN NA FIRST JUNE	MIDDLE	FINNEY	
BALTIMORE	URS AFTER DI 8. GIVE PAGE WITH FORM PAGES 1 AI DIVISION OF		VAS DECEASED EVER IN U.S. ARI ES, NO, OR UNKNOWN) (IF YES, GIVE NO	MED FORCES? WAR OR DATES)	66. SOCIAL SECURITY NO. 050-24-66!	17. INFORMANT	BOONE SAM	E AS 13 HUST	
ST.,	SE SE SE		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIA	0.04	(a): (b), and (c).) two	( homoreh-	ge chem	APPROXIMA  THE WEEN ONS	TE INTERVAL ET AND DEATH
PRESTON	VITHIN 24 HO CIL IN ITEM 11 NER ALONG ANSIT PERMIT AL HYGIENE, AOVAL.		Canditians, if any, which gave rise to immediate		A CONSEQUENCE OF				75.3
301 W.	PEN XAM AL-TR MEN		cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS	A CONSEQUENCE OF				
		NOI	PART 2 OTHER SIGNIFICANT CONDITIONS  Estapas	CANTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART 1 (a).			
OF VITAL RECORDS.	SHOULD CORD "PE CHIEF I BE USED AT OF HE, RIAL, CRE	CERTIFICATION	19a. DATE OF OPERATION		N FOR WHICH OPERATION V	VAS PERFORMED?		20. AUTOPSY	
ONOF	ERTIFICATE SHOND THE WORD TO THE CH IS SHOULD BE USEDARTMENT OF THE CH IS SHOULD BE USEDARTMENT OF TO BURIAL,		21d. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		ONTH DAY YEAR	IOW INJURY OCCURRED (EN	ER NATURE OF INJURY IN ITEM 18 P.	ART 1 OR PART 2)	
DIVISION	OEBEOR	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE TO AT WORK	21e. PLACE OF II STREET, FACTORY,		OCATION STREET	CITY OR TOWN	COUNTY	STATE
	MINER: THIS IFICATE, WR BE FORWAR CTOR: PAGE H THE STATE AND, 21201		224   certify that   taak charged	57	ed abave, held an Auta		, Inquiry , and	d in my apinian	d
•	XAI LEB DIRE WIT ARYL		ACTUAL SIGNATURE SEGNATURE	no Par	deper	TIPL (SPECIFY)	MEDICAL EXAMINER	DATE SIGNED	79
	TO MEDICAL E EXECUTE THE OPAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE		EXAMINER'S NAME (TYPE OR PRINT)	usti P.	Ro diquez	ADDRES /2 800 20	molone	Curde fin	della
	JIOI PAGE 10 I I I I I I I I I I I I I I I I I I	23a.B		5/5/79	ST! MARY'S	CEMETERY 23d	LOCATION CITY OR TOWN KINGSTON	WESTER	NEW YO
D	HMH-17 20M 1/73 (VR A15 ME (5))	24. F	NAME FRANC	IS J. COLLI		25u. DATE REC'D		STRARIS SIGNATURE	4
			500 UNIV. BLVD !	W. SILVER S	PKING.MD. 209	01 MAT (	1979	/	7

CHEMENTAL SECRETARY SECRETARY SECRETARY URVESTED TIL GEG. COLLEGE FIRE X FIRE BOYN LAND ROAD Carry and the Value of the State of the State of the

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 4 RACE IF UNDER 24 HRS DATE MONTH YEAR PRONOUNCED 6.5 DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Kentucky U.S.A. WIDOWED DIVORCED 2, AND 3 TO THE FL 3. RETAIN PAGE 5 2 SHOULD BE FILED, 18. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS IT, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Prince George's General Hospital Cheverly Engineer Engineer USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 113b. COUNTY 13d INSIDE CITY LIMITS? 138 STREET ADDRESS 13a. STATE P.G. Co. College Park YES TY NO 308 Cherry Hill Road OPYITAL 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE LAST FIRST LAST AND Bradley Thomas Mattie Stewart FORM 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Oakton, Virginia DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 236-01-2387 Arthur J. Bradley 2798 Timberline Ct. WWII Yes 18. CAUSE OF DEATH (Enter only one cause per lige for (a), (b), and (c). BETWEEN ONSET AND DEATH Carolio Visaules distant DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., PART I DEATH WAS CAUSED BY OR REMOVAL. IMMEDIATE CAUSE (Q) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. AND CREMATION, MEDICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 4 CERTIFICATION USED 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, YES NO X BE 21a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213 22a. I certify that I taak charge of the remains described obave, held an Autapsy Inspection and in my apinian Accident death resulted frames Natural causes Suicide Homicide ..... Undetermined manner TYPE OR PRINT 23d. LOCATION 23a, BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY Suitland. P.G. Co., Maryland 1979 Cedar Hill Crematory Cremation DHMH-17 20M 1/73 24 FUNERAL DIRECTOR 25g, DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE (VR A15 ME (5)) Riverdale, Maryland Chambers Funeral Home

Aleman State of the State of th topical contain and radical francis (see to be seed of the seed naginal P.C. Co. - Course Pres n : 30 Cherry Mills Ford 1 To - Trailer - Markin Suite it, no.1 -0 AND one Product HOYS Worthers to modely Thosal O-1220 the second of th Charbers Epoch Hore Hiverdales, Mangland, at the horse of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE AST BIRTHDAY) PRONOUNCED DEAD 70. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? BALLIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Louisiana U. S. A. WIDOWED DIVORCED OR TOWN OF DEATH MAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY EOR MOST OF WORKING LIFE) USUAL RESIDENCE (IN NURSING HOME OR OTHER INSTITUTION, 13a. STATE 13# INSIDE CITY LIMITS? 13e STREET ADDRESS BALTIMORE, MD. 21201 YESXX Maryland NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST OE VIT Amio Harrell Eugene Brazier 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT **ADDRESS** 16b. SOCIAL SECURITY NO DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-60-3644 SAA Dorothy Thomas, Niece No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter anly one cause per line or (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF OR REMOVAL Canditians, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. CREMATION, O DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ⋖ CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF DEPARTMENT OF PRIOR TO BURIAL, YES NO BE 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21f. LOCATION 71d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213 220. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian death resulted from: Natural courses • Accident Suicide Homicide Undetermined manner TIME (SPECIFY) MEDICAL EXAMINER EXAMINER'S NA TYPE OR PRIND 230, BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 0000 Highland Burial Harmony Memorial Park DHMH-17 20M 1/73 FUNERAL DIRECTOR 7400 Ga. Ave., N.W. DC (VR AT5 ME (5))



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1 DECEASED NAME MIDDLE LAST 2a. DATE OF DEATH MONTH 2h. HOUR TYPE OR PRINTS GRACE BRFF7F 05 79 3 SEX 4 RACE 5 DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAYS IF UNGER I YEAR IF UNDER 24 HRS DAYS HOURS AUG 27. 1913 BLACK FEMALE To. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED N.C. USA PRINCE GEORGE'S COUNTY WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17h KIND OF BUSINESS OR PRINCE GEORGE INDUSTRY HOUSEWIFE CHEVER! Y none USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION! 13a. STATE 13. STREET ADDRESS DUEL PL. 136 COUNTY MD 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDOLE LAST MARY MIDDLE WITSON UNK Wilson ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LIF YES, GIVE WAR OR OATES) DUEL PL. SEATPLEASANI 42 5842 5121 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and ic: RRHYTHMIA DUE TO, OR AS A CONSEQUENCE OF WEURYSM ENTRICULAL Conditions, if ony, which gove rise to immediate lo), stoting DUE TO, OR AS A CONSEQUENCE OF MYOCARDIALINFARCTION underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 🗷 YES [ 21a. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINERS 19 21d. INJURY OCCURRED 21. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC | CITY OF TOWN COUNTY STATE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on\_ and that in (my) (att) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did not) view the body after death 22h. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 0 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 173d, LOCATION 23b. DATE Maryland REMOVAL BURIAL Suitland, Lincoln Memorial Cem. 250 DATE REO DIRY REGISTRAR 250, REGISTRAR'S SIGNATURE DHMH-16 20M ANDER S. POPE PENNSYLVANIA AVE S.E. (VRA 15, 4) 7/78

i ki

Rd., Suitland, Md.

DHMH - 16 60M 1/75

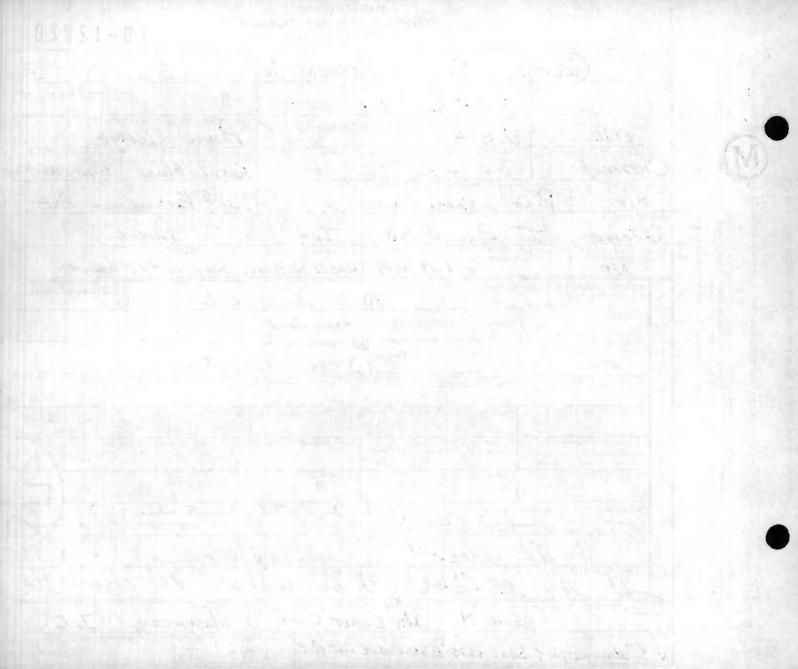
(VR A 15 (4))

Funeral Home

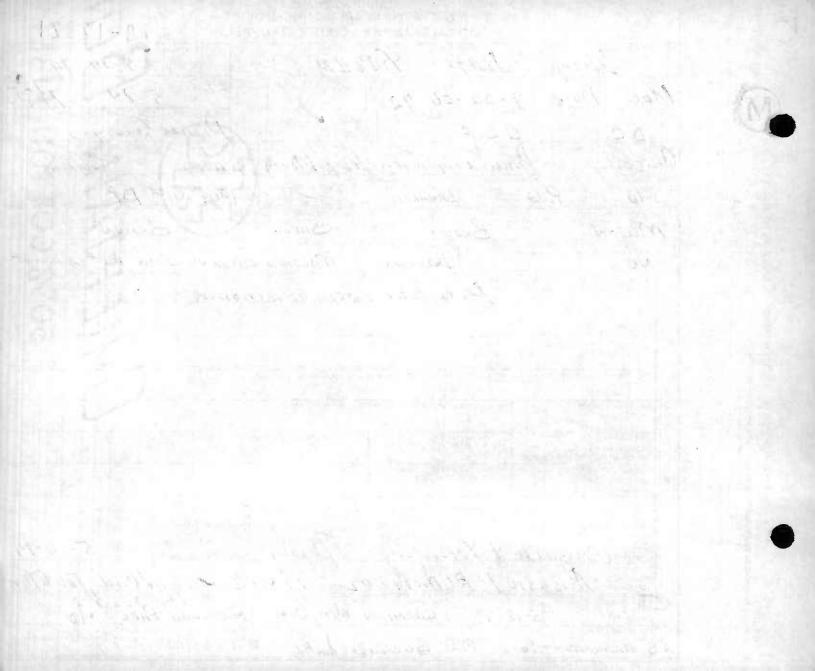
31171 And asselled the buyant and a

	10 V 30 T879	agida Fast	30.5		JIHO G
				and the	Elek
YES	190 SERVICES (D. 143			ATRIC .	
	•		gain ensu trois		tar andoni
203419	A THE SETENCE TETS		811173133	ne e	COLUMN
(a) §90	CALL HONGS	arlay	(0) 8022000	HODBING	GHONYAN
1518 HUST	e an eruta (v) author	N SZPOJAKIO	176-20-6848	I	957
			er ut stiget		
	The state of				
	Adapst of				
	All stands of				
T Alexandra		ALIAN AN		14. 14	

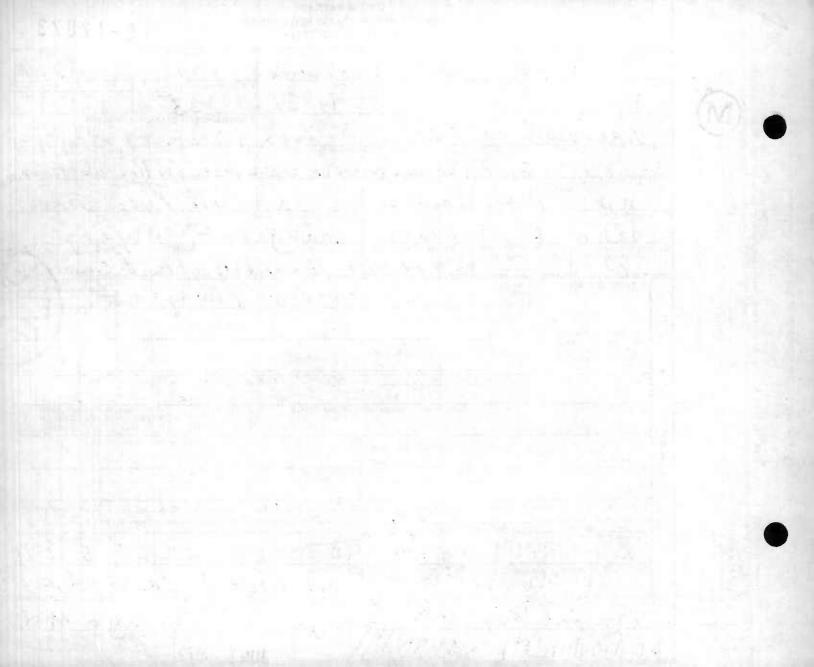
\1					STAT	E OF MARYLAND			
V		1.	FOR STATE REGISTRAR	Di		EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. No	79-1	2820
0 e 0 e			CEASED NAME PIRST	O T	F	Bround la	2a. DATE OF DEATH	MONTH DAY YEAR	26. HOUR G 530
e 4 may be ctor, page 3 s after death		3. SE		Black	5. DATE C		6 AGE (IN YEARS LAST BIRT	MONTHS Q	YEAR IF UNDER 24 HRS HAYS HOURS MIN
Poger Annual Area	St once.		RTHPLACE (STATE OR FOREIGN OUNTRY)	U. S. A.	JNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	R COUNTY OF DEATH	H MD
M	14 A	C	HEVERLY	ECE Pri	VE STREET ADDRESS)	or other institution	THE USUAL OCCUPATION WORK OF MORE		OF BUSINESS OR
AND 212	er must be	130	AL RESIDENCE (IF NURSING HOME OR 13b PUN	OTHER INSTITUTION, GIVE RESIDEN	DRTOWN	13d. INSIDE CHY LIMITS?		eminedale	Aue
MARYL ed with impletel and 2 ;	exomin	C	THER'S NAME FIRST FORGE	Brown	SR.	15. MOTHER'S MAIDEN N.	AME MIDDLE	PARKEL	LAST
be execut on and ca	medico		VAS DECEASED EVER IN U.S. ARI (IF YES, GIVE	WAR OR DATES)	28 - 9049	HAZEL SPRI	ADDRE		ove
ups, 301 W. PRESTON ST., BAL quires that the death certificate signed by the attending physical han please remove carbonapoper to burial, cremation, or removal.	ijury, ar other traumatic event, th	NO	PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gave rise to immediate cause (a), staining the underlying cause last.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A COI  (b)  DUE TO, OR AS A COI  (c)	NSEQUENCE OF	Cerebro v aca de la B senilita 3) Secolita NOT RELATED TO THE TERM	- dan	DITION GIVEN IN PAR	T 1(a)
AL RECOR	shows ony ii	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED USES OF DEATH?
DIVISION OF VITAL  NG PHYSICIAN: The ottending physicion the pter his certificate ha pter buriol-tronsip h ond Mentol Hygier	Dr Hem 18 sh	MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 214, INJURY OCCURRED		19	211 LOCATION	RRED (ENTER NATURE OF INJUR	LY IN ITEM 18, PART 1 OR PART	12)
DING PH or often the e os the	morked	WE	WHILE AT WORK NOT WHILE AT WORK AT WORK 220 I certify that (I) (this hospit	(AT HOME, STREET, FACTORY,		STREET	CITY OR TOW	OUNTY	SYATE
DIV AL OR ATTENDING y the hospital or oil tal DIRECTOR: After detached for use as if one Dept. of Health o	JT; If hem 21 is		saw the deceased alive an above, (1) (we) (did) (did not 22b. SIGNATURE	5.11	_19_ <b>7</b> /7, or	od that in (my) (aur) apinibn DEGREE ATTENDING PHYSICIAN	-MEDICAL STAF	22c. D.	the couses stated  ATE SIGNED
TO HOSPITAL of the cetoined by the TO FUNERAL I should be detoo with the Store I	MPORTAN	-	22d. PHYSICIAN'S NAME (TYPE CO	Melav	D.M.	220. ADDRESS	1	id cher	elly Md
BP	_	J	IURIAL REMATION, REMOVAL	5-16-19	MT. DL	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	GTON, LOUNTY	D-C STATE
DHMH - 16 60M 7/7 (VR A 15 (4))	3	24 F	NAME S. LALASHINGTON &	SONS 4925 E	I RAO WERT	ALC. W. E 250. DA	TE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGI	HOTURE Starting



	FOR	DEPARTMENT OF HEA	LTH AND MENTAL HYGIENE	
	STATE REGISTRAR		S CERTIFICATE OF DEATH REG. N	7.9-12821
	CEASED NAME FIRST FIRST LENGE	Joseph Bla	20. DATE KNOWN OF ESTI- DEATH MATED [	MONTH DAY YEAR 26 HOUR
3. SEX	Male Black		FUNDER TYR. IF UNDER 24 HRS. 20 DATE ONTHS DAYS HOURS MIN PRONOUNCED DEAD  5	MONTH DAY TEAR 23 HOLD
47 70 BI	RTHPLACE (STATE OR REIGN COUNTRY)	1.101	ARRIED NEVER MARRIED   9. BALTIMORE CITY	OR COUNTY OF DEATH
74 0	Worley	MAME OF HOSRITAL, NURSING HOME, OR HE HOT IN SUGHECULT, GIVE STREET ADDRESS)	OTHER INSTITUTION 128 USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE)	PE OF WORK 17b. KIND OF BUSINESS OR INDUSTRY
6 13a. S	TATE 136. CPIN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NY LANHAM	13d. INSIDE CITY HAITS? 13e STREET ADDRESS 7 ST	Pt.
0/	ATHER'S NAME  MILTON	MIDDLE BROWN SAST	15. MOTHER'S MAIDEN NAME PRIST PRIST PRIST PRIST PRIST MIDDLE  B.	ROWN
/ 16a. V	VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? E WAR OR DATES)  LINKNOWN	17. INFORMANT ADDRES	s HE AS #13 ABOVE
	PART I DEATH WAS CAUSE		Long Covernoma	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1991 IMMEDIA	DUE TO, OR AS A CONSEQUENCE OF	See	IVAN UELKAWA
	gove tise to immediate couse (o) stating the under lying cause last.	e / (b)		
z	PART 2 OTHER SIGNIFICANT CONDITIONS	(c)	ISEASE OR CONDITION GIVEN IN PART 1 (a).	
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED?	20. AUTOPSY?
AL CERTIF	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH DAY YEAR	C. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM )	B PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		LOCATION STREET CITY OR TOWN	COUNTY STATE
	22a. I certify that I took char			and in my apinian
	death resulted fram: Note	ral causes , Accident , Suicide	Undetermined monner  This SPECIES  MEDICAL EXAMINER	DATE 5-14-79
2	EXAMINER'S NAME (TYPE OR PRINT)	sn P. Robeique	2 ADDRESS & SOV WI HEW WIN	1 Circle Tan letter
236.B	URIAL CREMATION, REMOVAL		RY OR CREMATORY 23d LOCATION / MA	JOBUNT W STATE
230.8	GECTEY)	5-18-79 HARMONY	MEM. CEM. HIGHLAND F.	ARK MA.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REG. NOS MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN FOR MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-Vincen DEATH MATED 19 DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Italy U.S.A. WIDOWED DIVORCED CATY OR TOWN OF DEATH MAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 17b. KIND OF BUSINESS OR INDUSTRY Retired Barber 3. RETAIN P. SHOULD BE 130 STREET ADDRESS 13d. INSIDE CITY LIMITS? YES [ NO [ OF VITAL I FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Michael Bruno Maddalena Lioddicia 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16k SOCIAL SECURITY NO DIVISION PAGES 1 579-03-12844 Martha E. Bruno Same as 18 CAUSE OF DEATH (Enter anly one cause per for (o), (b), and (c) APPROXIMATE INTERVAL PERMIT BETWEEN ONSET AND DEATH Derfousine Cardes Vasuelas diseise PART I DEATH WAS CAUSED BY HYG IENE. IMMEDIATE CAUSE (0) DUE TO CONSEQUENCE OF BURIAL-TRANSIT Canditions, if any, which AND MENTAL ON, OR REMO gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). EDIC, CERTIFICATION USED 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF E 3 SHOULD BE UE DEPARTMENT OF PRIOR TO BURIAL BURIAL YES NO [ 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 10 AGE 3 SI 21e. PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK WHILE CITY OR TOWN COUNTY PAGE STATE 22a. I certify that I toak charge of the remains described obave, held an DIRECTOR Autapsy Inspection ARYLAND, death resulted fram: Notural causes Accident Undetermined manner TO MEDICAL ES EXECUTE THE C PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V MEDICAL EXAMINER SIGNED BALTIMORE EXAMINER'S NAM (TYPE OR PRINT) JULG LEE 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION Brentwood P.G. Md. Ft. Lincoln Cemetery Burial BP 74 FUNERAL DIRECTOR Uneral Home Inc.
6633 Old Alexander Ferry Rd. Clinton, Md. BY REGISTRAR 1256, REGISTRA 5 SIGNIATION **DHMH-17** (VR A15 ME (5)) 15M 7/77



natified at ance within 72

medical examiner

IMPORTANT: If Hem 21 is marked ar Item 18 shows any injury, ar other traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

a signed by the attending physician and completely filled in by the Then please remave carbanpapers. Pages 1 and 2 should be filed wi

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

12021

	1 -	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	0. 19.	-120	1 4
		CEASED NAME FIRST OR PRINT)		AIDDLE	L	AST			AY YEAR	26 HOUR
		OR PRINT) ROY		Foster		Bullock		05-01-		12:03A <sub>M</sub>
	3. SEX	x Male	White		S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	HOURS MIN.
(2)		RTHPLACE STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	DIN NEVER MARRIED DINORCED	Prince Geo			MD.
7		Laurel	(IF NOT IN SUC	H FACILITY, GIVE STREET A	(OORESS)	ville Hospita	12a USUAL OCCUPATI	ON F WORKING LIFE	126. KIND (	
5	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136, COU!	NTY	Taurel		13d INSIDE CITY LIMITS? YES NO 🔀	7400 Con	tee R	d.	
00	14 FA	THER'S NAME GEORGE	WIDDLE	Bulloc	k "	Ethel	WE		Hei	sī t
	16a. W	VAS DECEASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	225-05		17 INFORMANT Anna M. Bu	ADDRE 110CK Sa	ame a	s # 1	3
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, O	AS A CONSEQUE	NCE OF	0	ent fail		EN IN DADT I	
	MOIT	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?		, WERE FINDI	
2	CERTIFICATION				OFERATIO		YES NO	IN CERTIFY YES	YING CAUSES	S OF DEATH?
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	A110	M. MONTH DA	Y YEAR	21t. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PA	ART 1 OR PART 2}	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE, F		21f LOCATION STREET	CITY OR TOV	WH	COUNTY	STATE
		22a.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (def) (did no	4-30	19		nd that in (my) (our) apinion	deoth occurred on the de	ote and hour		that <del>(f) (we)</del> last couses stated
		Lifz Ch	moll	ing	M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF CIAN []	5- I	1-79
		M H C H	DRPRINT)	eu M	0	3450 FT. M	USAD. R	d.L	aure	e

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

OR ATTENDING PHYSICIAN. The

TO HOSPITAL

retained by the haspital or attending physician.

230. BURIAL, CREMATION, REMOVAL (SPECEY) Burial 5/3/79

23b. DATE

231. NAME OF CEMETERY OR CREMATORY Lincoln Fort Cem 23d LOCATION
CITY OR TOWN
Brentwood,

Co. Md. P.G.

MAY 3 BY REGISTRAR 1979 L FUNERAL HOME, INC. Spring Rd. Laurel, Md. Sand 2081

78-12824		
	Total Total District	
	0.02 (2.00)	Vin Setal
		- 1 m - 1
. val. E. of The Park & L. V.		
Jacon Content of La	In its terms in the second of	. 4 Constant
	.Forthern woother	System 9
St I at mote Habill	B C. Carry Man - 20 - 22 C	
	1	fr
	and the second	
Annah. Langary	money me sugger	82 8 76 11
	JAN 12 Tore stoods or	
	Alliens VIN THE SHEET SHEETS	The state of

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN 2b. HOUR MONTH (TYPE OR PRINT) OF ESTI-GUSTUS 6. AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD To BIRTHPLACE (STATE OR 9. BANIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) MARRIED U. S. A. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Cheverly Minister Church Gen. Hospital USUAL RESIDENCE (1) IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREEJ ADDRESS Geo. College Rhode Island Ave. 9014 Md. YES X NO T 18. GIVE PAGES 1, 2 WITH FORM PM 3 IT. PAGES 1 AND 2 DIVISION OF VITAL 14. FATHER'S NAME 15, MOTHER'S MAIDEN NAME MIDDLE Edwin Butts Bessie Woodvard 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT inebrook (IF YES, GIVE WAR OR DATES) 579-10-547 Venice. Fla. Yes 18 CAUSE OF DEATH (Enter only one count p APPROXIMATE INTERVAL BETWEEN ONSET AND JEATH BE USED MEDICAL BERMIT.

SE HEALTH AND MENTAL HYGIENE, D.

RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSI DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Inc. CERTIFICATION 19st DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 26 AUTOPSY7 TO BURIAL, VARDED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT C 71st EXTERNAL CAUSE WAS 216 TIME OF INJURY THE HOW INJURY OCCURRED (ENTER SAFURE OF BULLET DE ITEM TO PART I OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING DOR MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR THE PLACE OF INJURY TATHOME THE LOCATION STREET, FACYOMY, FARM, ETC.) CITY OF TOWN COUNTY STATE AT WORK AT WORK STATE ( TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P, AFTER DEATH, WITH THE ST, BALTIMORE, MARYLAND, 212 22a. I certify that I took charge of the remains abscribed above, held an Impection death resulted from Undetermined manner MEDICAL EXAMINER TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE Cremation Fort Lincoln Cre. Brentwood. Geo. 1256. REGISTRAR'S SIGNATURE DHMH-17 20M 1/73 (VR A15 ME (5)) ADDRESS

Crowntion 5-31-79 contilled and dee. control of the control of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2a DATE OF DEATH MONTH 2h. HOUR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS QAY5 HOURS BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGE'S COUNTY 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 6706 - Auburn Avenue LAST Dart same as above APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH

77: DATE SIGNED

COUNTY

YES [

Mt. Rainier, Md.

STATE

DHMH-16 20M (VRA 15, 4) 7/78

NaTley's F.H.Inc.

FOR

- STATE

```
79831-07
                 ES 12,81 norm
                  Act Tork
133-40-18-7 an English delaming ... Suga
           1 1 2 0 0 - 1 ct
 aren agel andre de
 Leonard J. Bros. Endelmone, Maryland MAN To 120 H. Kerry Merica
```

TTENDING PHYSICIANOTHE

TO HOSPITAL

Poge 4 moy be

STATE OF MARYLAND

1	1 -	FOR STATE REGISTRAR			DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. I	7	9-1	2828
		CEASED NAME	FIRST	N	NODLE	i	LAST	20 DATE OF DEATH		Y YEAR	2b. HOUR
	,,,,,,	OR PRINT)	RICHA	SD	Τ.	CA	AREY		05	07 79	10:45A
1	SEX			RACE		5. DATE C		AGE (IN YEARS LAST BE		FUNDER I YEAR	IF UNDER 24 HRS
1)	Ma	ale	C	aucasia	an	12-	29- 1914	64	YRS.	DATS DATS	HOURS MIN
/ [7		THPLACE (STATE OR F	FOREIGN 7	CITIZEN OF	WHAT COUNTRY	? B	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
04		ebraska		U.S.A.		WIDOW		PRINCE GE	ORGE'S		M
1	0 CI	TY OR TOWN OF DE	ATH 1		OSPITAL, NURSI		OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST		12b. KIND C	F BUSINESS OR
74		CHEVERLY		PRINCE	GEORGE G	ENERAL	LHOSPITAL	Food Tech			ricultu
	USUA 13a. S	L RESIDENCE (IF NUR	136 COUNT	THER INSTITUTION,	GIVE RESIDENCE BEFO	RE ADMISSION)	1134. INSIDE CITY LIMITS?	13. STREET ADDRESS			
3.5	Mo	1.	Pr. G	eo.	New Car	roll.	YES NO	8402 Quin		•	
	4 FA	THER'S NAME	AAI	DDLE	LAST		IS MOTHER'S MAIDEN NA			LAS	
de		Frank	_	ſ.	Carey		Frances	Middle		Cahi	
1	6a W	(AS DECEASED EVER	IN U.S. ARM		166 SOCIAL SEC	URITY NO	17 INFORMANT	ADD	RESS		·
	1	To	(IF 1ES, GIVE V	VAR OR DATES)	508-07-	3494	Dorothy Care	y Same as	# 13		
		Conditions, if any		( ib)_	PACONSECUL	Cacol	not whan	d			
	ATION	gove rise to im cause (a), stati underlying cause	mediate ng the e last NIFICANT CO	DUE TO, OR	DITRIBUTING TO	ENCE OF	I NOT RELATED TO THE TERM				
9	TIFICATION	gove rise to im cause (a), stati underlying cause	mediate ng the e last NIFICANT CO	DUE TO, OR	DITRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM	IMAL DISEASE OR CO.  206 AUTOPSY?  YES □ NO□	20b. IF YES,	WERE FINDIN	VGS USED
7	CAL CERTIFICATION	gove rise to im cause (a), stati underlying cause	MEDIAL TION  ATION  ADERLYING CAUSE OF DEATH	DUE TO, OR  DIDITIONS CO  1% CONDITIONS  216. TIME O	TION FOR WHICH	DEATH BUT	ON WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	GS USED OF DEATH?
	MEDICAL CERTIFICATION	gove rise to im cause (a), stati underlying cause (b). Stati underlying cause PART 2 OTHER SIG	INTERIOR TO CO.  ATION  IDERLYING CALEXAMINER)  CREED  WHILE CO.	DUE TO, OR  DID TO OR  ONDITIONS CO  1% CONDI  21b. TIME OI  HOUR AA.  P.A.  21e. PLACE C	TION FOR WHICH	D DEATH BUT H OPERATIO DAY YEAR	ON WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	GS USED OF DEATH?
-		gove rise to im couse (o), stati underlying coust underlying coust underlying coust underlying coust of the c	INTEGRATE CO.  ATTON  ADERLYING CAUSE OF DEATL CAL EXAMINER)  RRED  WHILE CORE  ORK  I this hospitoled of the party of the	DUE TO OF DISTRIBUTIONS CO.  196 CONDITIONS CO.  196 CONDITIONS CO.  216. TIME OF HOUR A.A. P.A.  216. PLACE C. (AT HOME, STRI	TION FOR WHICH	DEATH BUT H OPERATIO DAY YEAR 19 FARM, EIC)	216 HOW INJURY OCCURI	200 AUTOPSY?  YES NO CITY OR TO	206. IF YES, IN CERTIFY YES URY IN ITEM 18, PAR	WERE FINDING CAUSES  TI 1 OR PART 2)  COUNTY  9  and from the	NGS USED OF DEATH? NO  STATE  that (1) (we) loss couses stated
99		gove rise to im couse (0), stati underlying couse (1). Stati underlying couse (1) and	INTEGRATE CO.  ATION  ATION  ADERLYING CAUSE OF DEATL  CALEXAMINER)  RRED  WHILE CORE  I this hospitoled dive on did it did not	DUE TO. OF ICE O	TION FOR WHICH	DEATH BUT H OPERATIO DAY YEAR 19 FARM, EIC)	216 HOW INJURY OCCUR!  216 LOCATION STREET  19 nd that in (my) (our) opinion  DEGREE  ATTENDING	200 AUTOPSY?  YES NO CITY OR TO  TO MODERATE OF INJURE OF INJ	206. IF YES, IN CERTIFY YES OWN	WERE FINDING CAUSES  THE TOTAL PART 2)  COUNTY	NGS USED OF DEATH? NO  STATE  that (1) (we) los couses stated
99		gove rise to im couse (01) stati underlying couse (12) stati underlying couse (13) and (14) and (15) a	INTERIOR OF THE CALEXAMINER)  WHILE ORK OF DEATH CALEXAMINER)  WHILE ORK  WHI	DUE TO, OF DICTIONS CO.  196 CONDITIONS CO.  196 CONDITIONS CO.  216. TIME OF HOUR A.A.  216. PLACE CO.  (AT HOME, STRILL)  The BOD.	TION FOR WHICH FINJURY A. MONTH C DF INJURY SET, FACTORY, OFFICE, develued from, 19	DEATH BUT H OPERATIO DAY YEAR 19 , FARM, ETC.)	216 HOW INJURY OCCURI 216 LOCATION STREET  19  nd that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death occurred on the  MEDICAL ST.  DIRECTOR PHYS	206. IF YES, IN CERTIFY YES DURY IN ITEM 18, PAR DWN	WERE FINDING CAUSES  TI 1 OR PART 2)  COUNTY  9  and from the	NGS USED OF DEATH? NO  STATE  that (1) (we) loss couses stated

The state of the s

12.5

Later and Section Company

When the design at the track the bear \$203-\$\$-875 The same of the sa



### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST DECEASED NAME FIRST MIDDLE 20 DATE OF DEATH YEAR 2b. HOUR (TYPE OR PRINT) Dante Chicco 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR DAYS HOURS male white Jan 1900 7a. BIRTHPLACE (STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** Th CITIZEN OF WHAT COUNTRY? MARRIED W NEVER MARRIED COUNTRY Washington, D. C Prince George DIVORCED | WIDOWED IN CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Filed Hyattsvillo Manor Care Huattsville Grocer MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. CITY OR TOWN 144 15c. CITY OR TOWN 15c. CITY OR TOWN 15c. CITY OR TOWN 15c. CITY OR TOWN A OR AT ADDRESS 13d. INSIDE CITY LIMITS? P 4×409 Gallatin St. YES [ NO IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME ond 2 MIDDLE FIRST MIDDLE Angelo Chicca Angelina Giovantti ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. BALTIMORE, 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-46-5643 No same as 13e Mamie M. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. Heart Faelus DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (0) OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION a 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NO [ NOF YES [ burial-transit p 18 shov 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH Hem MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M 21d INJURY OCCURRED 71e. PLACE OF INJURY 21f LOCATION à CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK 22a. certify that (1) (this hospital) attended the deceased fram\_ saw the deceased alive anand that in (my) (our) opinion death occurred an the date and have and from the causes stated obave, (1) (we) (did) (did not) view the bady ofter death, 226. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL STAFF ATTENDING should be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 220-ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRINT) 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE CITY OR TOWN COUNTY STATE Burial BP. Silver Snring Mont 24 FUNERAL DIRECTOR BY REGISTRAR 236 REGISTRAR'S SIGNATURE Francis J. DHMH - 16 50M 7/77 (VR A 15 (4)) 9 1979 University Blud Silver Spring



		גרפת	(1)		o'no"
	70	1001 37	. "an.	wikie	na Ce
c	d annist			12.0	skierchen D.C.
Self-European	400010		estimated to	n) 2014	W. Briston
201. Jan. 102 N	· Car estes		ine the Line	.0.57	elbuild Sie
12 Carroll			בן גנפתם		) 3 N'
2 736 136	ice sam		2795-71-225		2

Mr. Sing pairs 20032

erection of the second control of the second

The state of the s

THE REAL PROPERTY.

dergoe

The second secon

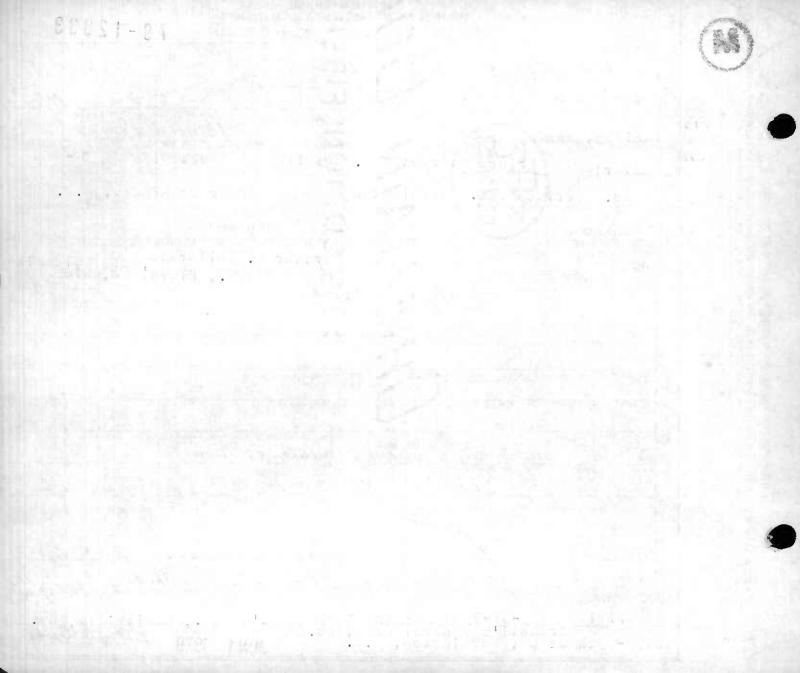
The State of the second of the

38831-89

En EN LEVEL LE LE LA LINE.

- 10-10-11 . S TONE - 1-41-41-

THE PARTY OF THE PARTY OF THE PARTY OF THE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 1. DECEASED NAME MONTH YEAR 2b. HOUR (TYPE OR PRINT) 3. SEX RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS 25, 1885 **BALTIMORE CITY OR COUNTY OF DEATH** 7a. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 4.5. A PRINCE GEORGE WIDOWED DIVORCED 11. NAME OF HOSPITAL, MURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RETI TEACHER EDUCATION IDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDIES ATHER SPIAME MOTHER'S MAIDEN NAME MIDDLE 60 WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT (YES, NO OB UNKNOWN) (IF YES, GIVE WAR OR DATES) P 18 CAUSE OF DEATH (Enter only one cause per lipe or (a), (b), and (c) PART I. DEATH WAS CAUSED BY U. O IMMEDIATE CAUSE (a S A CONSEQUENCE DUE TO, OR Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) RECORDS CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO [ **DIVISION OF VIT** 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 775 SIGNATURE DEGREE 27r. DATE SIGNED ATTENDING MEDICAL STAFF should be deto with the State [ IMPORTANT: If PHYSICIAN DIRECTOR PHYSICIAN THE PHILLIAN S NAME (TYPE OF PRINT) 22e. ADDRESS 20 BURIAL EREMATION, REMOVAL 234 NAME OF CEMETERY OR CREMATORY ... 23d. LOCATION 23b. DATE COUNTY BP. TE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/73 (VR A 15 (4))

12821-25 LEAN - NOT I FIN - CLARE district the con that it is the second The first to the first of the f ENIM N. CLAN SHARE A VILLE The state of the s Without the Stevens of the 22

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME MIDOLE 2a DATE OF DEATH 26 HOUR (TYPE OR PRINT) 05-02-79 Marrie 10:201 Clay 4 RACE 5. DATE OF BIRTH 3. SEX & AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS March 25, 1889 Female Caucasian 90 TO BIRTHPLACE ISTATE OR FOREIGN BIRTH. COUNTER Pa. Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX Prince George's County USA WIDOWED | DIVORCED [ IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h. KIND OF BUSINESS OR Frince George's Hospital Not available INDUSTRY Cheverly USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 135 COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS Prince Md Bowie 12300 Rambling Lane Geo YES IX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDOLE LAST MIDDLE Clay **Black** John Margaret ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 163-03-6257 Jane Leonard Same as APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES -NO I 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM T8, PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 27s.1 certify that (1) (Hris hospital) attended the deceased from sow the Deceased alive an above (We) (did) (did nat) you the bady after death and that in (my) (aux) apinion death occurred an the date and haur and from the causes stated DEGREE 22c DATE/SIGNED ATTENDING MEDICAL STAFF PHYSICIAN - DIRECTOR - PHYSICIAN 226 PHYSICIAN'S NAME (1YPE OF PRINT) 22e ADDRESS Leonard P. Appel 3231 Superior Ln. Bowie 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Buria] May 7, 1979 Philadelphia New Cathedral M. FUNERAL DIRECTOR Robert A. Pumphrey Funeral 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR

DHMH-16 20M (VRA 15, 4) 7/7B

MPORT

Homes. P.A.

Bethesda.

Md

79-12835

10 1,21 mm

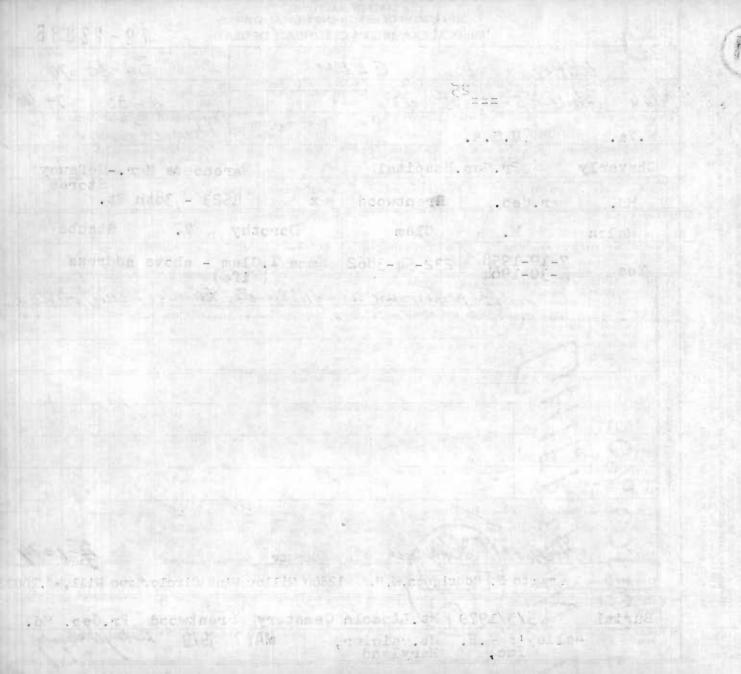
Transaction of the land of the

The state of the s

Later house the second house the second

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE KNOWN 2b. HOUR OF ESTI-DEATH MATED 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 24. DATE LAST BIRTHDAY PRONOUNCED 3 DEAD PRESTON WITHIN To BIRTHPLACE (STATE OR OF WHAT COUNTRY 9. BALLIMORE CITY OR COUNTY OF DEATH MARRIED ANEVER MARRIED FOREIGN COUNTRY) U.S W. Va. WIDOWED DIVORCED 3 FILED, 301 W D. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS PAGE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Pr. Goo. Hospita] Cheverly 3. RETAIN PA SHOULD BE F Warehouse Mgr. - Safeway USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Stores 130. STATE 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 38th Pr. Geo. Brentwood YES K Md OPVITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES ), Ralph MIDDLE M. Dorothy Staubs Clem JAND FORM 160. WAS DECEASED EVER IN U.S. 166. SOCIAL SECURITY NO. 17. INFORMAN ARMED FORCES? ADDRESS DIVISION (YES, NO, OR UNKNOWN) 232-54-3862 Emma I.Clem - above address 18. CAUSE OF DEATH (Enter only one APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Lardes Ubdel IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF AS A BURIAL-TRANSIT ALTH AND MENTAL HY Conditions, if ony, which gave rise ta immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] NO [ 믦 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 216. PLACE OF INJURY (ATHOME. 21f. LOCATION AT WORK NOT WHILE PR STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY 220. I certify that I took charge of the remains described above, held an DIRECTOR: Autopsy Inspection and in my opinion ARYLAND. death resulted from Notural couses Accident Homicide Undetermined manner TITLE (SPECIFY) EXECUTE THE C EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, Deputy MEDICAL EXAMINER MORE Augusto P . Rodriguez.M.D. 12800 Willow Wind Circle, Oxon Hill, Md. 20022 EXAMINER'S NAME TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Ft.Lincoln Cemetery Brentwood Pr. Geo. Md. BP 24. FUNERAL DIRECTOR Nalley's Mt. Kainier, Maryland **DHMH** - 17 (VR A15 ME (5)) Inc. 15M 7/77

STATE OF MARYLAND



completely filled in by the funeral director, I and 2 should be filed within 72 hours afte

should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

TO FUNERAL DIRECTOR: After this certificate has bee

FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-12837

FIRST			CERTIF	this of beating		REG. N	0.		0 1
DATETOL		MIDDLE	L	AST	2a. DAT		MONTH	DAY YEAR	2b. HOUR
RALEIGH	H	F	COLI	BERT, Sr.	MAY	11	197	79	9:454
4.	RACE		5 DATE O		6. AGE	IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24
	White		4-	5-1892 YEAR		87	YRS	MONIHS	HOURS
			MARRIET	NEVER MARRIED	9 BALT	MORE CITY O	R COUNTY	OFDEATH	
Ţ	J.S.A.					Prince	e Geor	ge's	
F DEATH				R OTHER INSTITUTION					OF BUSINESS
	octors	' Hosp. o	f Pr.	Geo. Co.				,	orke
IF NURSING HOME OR OT	THER INSTITUTION.			13d INSIDE CITY LIMITS					
		Hyattsv	ille	YES I NO	38	33 - H	amil'	ton St	reet
MID	DLE	LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE		14	ST
nas	J.	Colbert		Sall	Ly				
EVER IN U.S. ARME				17. INFORMANT					
	-	579-01-	4705	Raleigh 1	F. Co.	lbert,	Jr.	Adelph	i, Md.
DEATH (Enter only	one couse per	line-for (a), (b), and	teri					APPRO)	ONSET AND DE
SIGNIFICANT CO	NDITIONS CO	DNTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	ERMINAL DIS	EASE OR CON	DITION GIV	EN IN PART 1	01
PERATION	196 CONDI	TION FOR WHICH (	OPERATION	WAS PERFORMED	20a A		IN CERTIF		
AS UNDERLYING	21b. TIME O HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCC					
G CAUSE OF DEATH	Р.,	M	19						
G CAUSE OF DEATH	P 21e PLACE		19	211 LOCATION STREET		CITY OR TOV	VN	COUNTY	STATI
CAUSE OF DEATH MEDICAL EXAMINER) CURRED NOT WHILE AT WORK  of (1) (this hospital eccessed alive on we) (did_tdid not) v	P., 21e PLACE (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA  deceased from  19	19 (RM, ETC.)	street 19/24 d that in (my) (our) opini	■, to ion death occ	Mys le	) 0	1929	that (I) (we couses state
G CAUSE OF DEATH MEDICAL EXAMINER) CCURRED NOT WHILE AT WORK Control eccessed olive on we) (did).(did not) voice.	P 21e PLACE (AT HOME, STR ) offended the	OF INJURY EET, FACTORY, OFFICE, FA  deceased from  19	19 (RM, ETC.)	d that in (my) (our) opini DEGREE ATTENDING PHYSICIAN	C MEDIC	iny 10	ote and hou	1929	that (I) (we
CAUSE OF DEATH MEDICAL EXAMINER) CURRED NOT WHILE AT WORK  of (1) (this hospital eccessed alive on we) (did_tdid not) v	P 21e PLACE (AT HOME, STR ) offended the	OF INJURY EET, FACTORY, OFFICE, FA  deceased from  19	19 (RM, ETC.)	d that in (my) (our) opini	G MEDIC	urred on the do	ote and hou	19 29 or and from the	that (I) (we couses state SIGNED
C III	DEATH (Enter only ATH WAS CAUSED IMMEDIATE only, which immediate stating the couse lost.	U.S.A.  DE DEATH  II. NAME OF HE FOR THE INSTITUTION. (IF NOT IN SUC DOCTORS)  IF NURSING HOME OR OTHER INSTITUTION. (IS COUNTY Pr. Geo.  MIDDLE  EVER IN U.S. ARMED FORCES?  EVER IN U.S. ARMED FORCES?  IMMEDIATE CAUSE BY:  IMMEDIATE CAUSE BY:  IMMEDIATE CAUSE IO)  DUE TO. OI  Frony, which is mimediote storing the couse lost.  R SIGNIFICANT CONDITIONS CO	U.S.A.  DE DEATH  11. NAME OF HOSPITAL, NURSING HORD TO THE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13th COUNTY  Pr. Geo.  MIDDLE  EVER IN U.S. ARMED FORCES?  IF YES, GIVE WAR OR DATES)  DEATH (Enter only one couse per lipe for 101, (b), and ATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  DUE TO, OR AS A CONSEQUE!  Form, which or immediate stoting the couse lost.  RESIGNIFICANT CONDITIONS CONTRIBUTING TO D	TE OR FOREIGN  TO CITIZEN OF WHAT COUNTRY?  TO S.A.  TO DEATH  TO S.A.  TO S.A.	TE OR FOREIGN  TO COLOR TO THE INSTITUTION OF WHAT COUNTRY?  WARRIED NEVER MARRIED DIVORCED  NE PURSING HOME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (If NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  DOCTORS HOSP. of Pr. Geo. Co.  IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  133 COUNTY  Pr. Geo. Hyattsville  NOTHER'S MAIDEN  FRIST  Sal.  Sever IN U.S. ARMED FORCES?  (IF YES, GIVE WAR OR DATES)  DEATH (Enter only one couse per lighter (D), (b), and (c)  IMMEDIATE CAUSE (D)  DUE TO. OR AS A CONSEQUENCE OF  OUE TO, OR AS A CONSEQUENCE OF  COUSE lost.  RESIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	TE OR FOREIGN  TO CITIZEN OF WHAT COUNTRY?  WIDOWED DIVORCED  DIVORCED  DIVORCED  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  DOCTORS HOSP. Of Pr. Geo. Co.  IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136 COUNTY  Pr. Geo.  Hyattsville  15. MOTHER'S MAIDEN NAME  FIRST  Sally  EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)  TO DEATH (Enter only one couse per lips for (a), (b), and (c)  ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO. OR AS A CONSEQUENCE OF  Only, which  immediate stofting the couse lost.  R SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIS  DEPARTION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 A	THE ORFOREIGN  TO CITIZEN OF WHAT COUNTRY?  WARRIED DIVORCED DIVORCED Prince  WIDOWED DIVORCED TO PRINCE  Prince  WIDOWED DIVORCED TO PRINCE  WIDOWED TO WORK FOR MOST OF Ret. She  WID WIS ALL WITH TO WORK FOR MOST OF RET. She  WIDDLE TO WORK FOR MOST OF RET. SHE  WITH WAS CAUSED BY:  WINDLE TO WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF RET. SHE  WITH WAS CAUSED BY:  WINDLE TO WORK FOR MOST OF RET. SHE  WITH WAS CAUSED BY:  WINDLE TO WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF RET. SHE  WITH WAS CAUSED BY:  WINDLE TO WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF RET. SHE  WITH WAS CAUSED BY:  WIT	THE CORPOREIGN  TO CITIZEN OF WHAT COUNTRY?  U.S.A.  WIDOWED DIVORCED DIVOR	TO REFOREGON  TO CITIZEN OF WHAT COUNTRY?  WARRIED   NEVER MARRIED   NEVER MAR

Nalley's F.H.Inc. Mt. Rainier, Md.

retained by the hospital ar attending physician. 620

> DHMH - 16 50M 1/76 (VR A 15 (4))

There is the second of the second I what is the little of the li The day of the same of the same

	1/3		
•	TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter discurranged a may retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and completely filled in by the finerul arrange should be detached for use as the burial-transit permit. Then please remove corbonopopers. Pages 1 and 2 should be filled within 77 hours are with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	ified of once.
ARYLAND 21201	within 24 hours o	pletely filled in by nd 2 should be file	lexominer must be notified of one
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ficate be executed	physicion and com papers. Pages 1 o	IMPORTANT: If Hem 21 is marked at Hem 18 shows ony injury, or other troumotic event, the medical examiner must be natified at once.
W. PRESTON ST	not the deoth cert	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.	other troumotic ev
AL RECORDS, 201	he low requires the	hos been signed t permit. Then pled ene prior to buriol	ows ony injury, or
IVISION OF VITA	TO HOSPITAL SEATTENDING PHYSICIAN: The Irelained by the hospital or attending physician.	frer this certificate is the buriol-transi hond Mentol Hyg	orked or Hem 18 sh
٥	AL STIENDIN	AL DIRECTOR. Al	T: If Item 21 is mo
	TO HOSPIT	should be a	IMPORTAN

## STATE OF MARYLAND FOR - STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

7	9	 1	2	8	3	8
	0.00		-	_	-	

	REGISTRA				REG. NO	).	
1. DE	ECEASED NAME FIR	ST /	AIDDLE	LAST			YEAR 2b. HOUR
		TTIE	V. CO	LSON	MAY 27 .	1979	10:20 <sup>a</sup> <sub>M</sub>
3. SE		4 RACE	- 40	TE OF BIRTH ONTH DAY YEAR	6 AGE IN YEARS LAST BIRT	HDAY) IF UNDER	OAYS HOURS MIN
-	Female	Wh	37.0	une 20, 1893	85	YRS	DAYS HOURS MIN
	BIRTHPLACE (STATE OR FOREIGH	16 CITIZEN OF	WHAT COUNTRY?	RIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DE	ATH
6	Md.	U.S.	A .	WED DIVORCED	PRINCE GE	ORGE'S CC	IINTV MD
10. 0	CITY OR TOWN OF DEATH		HOSPITAL, NURSING HOM	E OR OTHER INSTITUTION	120 USUAL OCCUPATE	ON 12h.	KIND OF BUSINESS OR
3 I	ANHAM		S' HOSP. OF	P.G. COUNTY	Housewife	Ow	n Home
USU 13a	JAL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSE		IJe STREET ADDRESS		
5	Md.	COUNTY	Bew 1e	YES NO	8800 Mapl	e Ave.	
14 F	ATHER'S NAME	WIDDLE	LACY	15. MOTHER'S MAIDEN NA	ME		
/	Edward	MIDDLE	Vermillie		WIDDLE		Bell
I 6a	WAS DECEASED EVER IN U	.S. ARMED FORCES? ES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO	D. 17. INFORMANT	ADDRE	SS Address	Same as
	Ne Ne	ES, GIVE WAR OR DATES	213-54-941	O Ethel E. P	orter	No# 13e	
	18 CAUSE OF DEATH IER	nter only one couse per	line for (a), (b), and (c)			1 "	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
	PART I. DEATH WAS C	AUSED BY	cardio resp	iratory arrest	_	-	TWEEN ONSEL AND DEATH
	IMM	EDIATE CAUSE (0)	Las dio resp	ratury arrect			
	4300	DUE TO O	R AS A CONSEQUENCE O	F			
	Conditions, if any, whi		cerebrovas		Grienre		
	gove rise to immedia		cercoro vas.	Carlot Insue	Ciciency	$\overline{}$	
	couse (o), stoting t		R AS A CONSEQUENCE O	F			
	underlying couse lo	ist	congestiva	1 1	alusee.		
		(c)			41.010		
1,			INTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	3 4	ITION GIVEN IN P	5010
Jĕ	cerebro	vascular	accident x	z, diabetes	mellitus	urinary	intection.
13	190 DATE OF OPERATION	196 COND	TION FOR WHICH OPERA	TION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE	
ΞĔ	_				VEC [7] 110 [8]		AUSES OF DEATH?
CERTIFICATION	21a ACCIDENT WAS UNDERLYI	NG T 21b. TIME O	C IN I I I I I I	In How hands accuse	YES   NO X	YES 🗌	NO 🗆
	OR CONTRIBUTING CAUSE		M. MONTH DAY YE	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR P	ART 2]
CAL	LIF EITHER, NOTIFY MEDICAL EXA		M. 1	9			
MEDI	214 INJURY OCCURRED	21e PLACE		21f LOCATION			
Σ	AT WORK AT WORK	(AT HOME, STE	EET, FACTORY, OFFICE, FARM, ETC.	) STREET	CITY OR TOW	/N COUR	NTY STATE
	AT WORK		e deceased fromOc	40 - 70	May	7779	
	sow the deceased of	11.0		, and that in (my) (and opinion	10 /-/4/	1977	, that (I) (100) lost
	obove, (I) (was) (did) (	dd not) view the Body	ofter death.	, and that in (my) (and opinion	death occurred on the do	ite and hour and tre	om the couses stated
	226 SIGNATURE	1 . 0	-4 1	DEGREE			. DATE SIGNED
1	Dano	la Be	retetur 1 1	1. D. ATTENDING PHYSICIAN	MEDICAL STAF		May 27, 1979
1	27d. PHYSICIAN'S NAME	(TYPE OR PRINT)		22e ADDRESS	,		
1	カュー	D'TO +	- )	3274 5	1	7 13	v1
230	BURIAL CREMATION REM	OVAL 23b. DATE	1231 NAME C	F CEMETERY OR CREMATORY	123d LOCATION	E 1 7 63:	are, Medi
230.	(SPECIFY) Burial	5-30-		incoln Cemete	CITY OR TOWN	P.G.	STATE Md.
		0 00-	Pto 1				
24_F	FUNERAL DIRECTOR		ADORESS	250 DA	TE HER A BY REGISTRAR	251. REGISTRAR'S S	GNATURE Creedy
10	. Gasch's S	ons F.H. I	A. Hyatts.	Mcl •			/ /

DHMH-16 20M (VRA 15, 4) 7/78

Theorem I Court is norther as like.

.D. | Blowfers with manufacture of the land

1/ #	STATE OF MARYLAND	
10 5	1 - STATE  DEPARTMENT OF HEALTH AND MENTAL HYGIENE	70-12839
	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO.
	I. DECEASED NAME (TYPE OR PRINT)  10 DATE KN  (TYPE OR PRINT)  10 DATE KN  OF	NOWN DAY YEAR 26. HOUR
S S S F,	(TYPE OR PRINT) LOUIS PAUL COPATOLO OF DEATH N	AATED 5-5 1979 M
A O H O H	3. SEX. 4. RACE. 5. DATE OF BIRTH 6. AGE (INVEARS I IF UNDER 1 YR. IJE LINDER 24 HRS. 7) DATE	
(AA)	Male White 10-37-23 35 YRS. MONTHS DAYS HOURS MIN. PRONOUNCE	ED 5-5 174 20 HOUR
1111	TO BIRTHPLACE (STATE OR TO CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMO	RECITY OR SOUNTY OF DEATH
45 5547	New Jersey USA WIDOWED DIVORCED PTINC	e Genges MD.
AY IS O THE PAGE FILED 301	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPA	TION TTYPE OF WORK 12 KIND OF BUSINESS
D. 21201 1. IF ANY DELAY 1. 2. AND 3 TO TH 3. RETAIN PAG 2. SHOULD BE FILE AL RECORDS, 301	Clinton Southern Maryland Hospital Retired  USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	Restaurant Owner
ORD 3	130. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE (1TY LIMITS? 13e STREET ADDRESS	- 11-1-1
AN AN HOOM	Manual and Day Can Diet Hate brown	tergreen Avenue
D. 2 2. 5. 2. 5. 2. 5. 4. A.L.	14. FATHER'S NAME	cergreen Avenue
", BALTIMORE, MD. 2120" OURS AFTER DEATH. IF AN 18. GIVE PAGES 1, 2, AND 18. WITH FORM PM. 3. RET IT. PAGES 1 AND 2 SHOU C. DIVISION OF VITAL RECC	John Coratolo Marie Josep	wine Gurrier
ORW PAGIO 1 A A COL	In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT.	DDRESS
AFTI VE P SION	(Spouse) WWII 577 54 1588 Helen V. Coratol	
IRS GILL GILL	WWII 577 54 1588 Helen V. Coratol  18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).)	O Same as #13  L APPROXIMATE INTERVAL
	PARTIDEATH WAS CAUSED RY.	BETWEEN ONSET AND DEATH
PRESTON ST., WITHIN 24 HOL CIL IN ITEM 18 INER ALONG ANSIT PERMIT AL HYGIENE, I	IMMEDIATE CAUSE OF LIGHTER CONTROLS CLOW FILL COVALIS	Moderatoriose
SIT AL	Conditions, if any, which	
A A NON	gave rise to immediate (b)	
S, 301 W. PREST( FECUTED WITHIN 3" IN PENCIL IN AL EXAMINER A BUBMALIRANSIT NND MENTAL HYTO ON, OR REMOVAL	cause (a) stating the <u>under-</u> lying cause last.  DUE TO, OR AS A CONSEQUENCE OF	
SO A	(c)	
EXECTION TON	PART 2 OTHER SUGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g.).	
L RECORDS, 30 UUD BE EXECU "PENDING" IN FF MEDICAL IS FED AS BUR HEATH AND		
ALRECTOR TO THE ALL CREATER AL	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210 EXTERNAL CAUSE WAS 216 TIME OF INJURY HOUR AM MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY)	20. AUTOPSY?
ITAL SHOU SRD " CCHE E USE OF H		YES NO NO
DF VITA	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY	
DIVISION OF VITAL RECORDS, 301 W.  IIS CERTIFICATE SHOULD BE EXECUTED VIRITING THE WORD "PENDING" IN PEN ARDED TO THE CHIEF MEDICAL EXAM GE 3 SHOULD BE USED AS A BURBAL-IR E DEPARMENT OF HEATTH WID MENIOR TO BURIAL, CREMATION, OR REL		IN THE COURT OF THE LEGISLATION OF THE COURT
SIO TIG TIE	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, STREET CITY OR TOWN WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	
CERTIFICATION OF STRING TITING TOPE TOPE TOPE TOPE TOPE TOPE TOPE TOPE		COUNTY STATE
WAN WAS	AT WORK AT WORK	
Ø ⊢ O № III .	22a. I certify that I taak charge of the remains described above, held on Autopsy , Inspection , Inquiry	and in my apinion
EXAMINER CERTIFICAT JULO BE FO DIRECTOR: WITH THE ARYLAND, 3	death resulted from: Natural causes Acadent . Suicide . Hamicide . Undetermined mann	
EXAMIII CERTIFINITO BE DIRECT WITH I	TITLE (SPECIFY)	**************************************
AL EXA HE CER HOULD HOULD TH, WILL MARY	ACTUAL ALLANDA TOTAL DOBUTY	DATE 5-5-79
I THI		
W V V V	EXAMINER'S NAME AUGUSTO P. Rodriguez M.D. 12800 Willow Wind Cir	cle,0xon Hill,Md.20222
TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOU TO FUNERAL D ATTRE DEATH. BALTIMORE, MA	(TYPE OR PRINT)ADDRESS	
	(SPECIFY)	COUNTY STATE
370/ BP		
DHMH - 17 (VR A15 ME (5))	Funeral Home Inc Suitland, Md. 250 DATE REC'D. BY REGISTRAR MAY 1 0 1979	Tirtry Malready
15M 7/77	Funeral Home Inc Suitland, Md. MAY 10 1979	

PERSIT - PI - PI - PROMOTE OF THE PROPERTY OF THE PARTY O Toute lett chretcic vigor, a solution of the contraction of the contrac

Howard 828-Riggs PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO [ 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE that (1) (we) lost and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN 24 FUNERAL DIRECT Nalley's F Pr. Geo. 25e. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Mt.Rainier, ADDRESS DHMH-16 20M (VRA 15, 4) 7/78

STATE OF MARYLAND

2b. HOUR

HOURS

126. KIND OF BUSINESS OR

79

INDUSTRY

DAYS

IF UNDER I YEAR

MONTHS

Post

10:204

IF UNDER 24 HRS

Newspaper

STATE OF MARYLAND 9-1284 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 20. DATE OF DEATH HINOM 2h HOUR (TYPE OR PRINT) 2:05 ANTONINO NMI CRUPI May 12. A RACE 1 SEX 5 DATE OF BIRTH A. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS 01/28/84 YFAR 95 MALE CAUCASIAN 70. BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Italy U.S.A. WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SOUTHERN MARYLAND HOSPITAL Tile & Marble Tile Worker BALTIMORE, MARYLAND 2120 SUAL CLINTON 13a STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND P.G. Springs 6307 Joyce DR., CAMP SPRINGS, MD. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Veneranda Restifo Giuseppe Cmini 17 INFORMANT ADDRESS 6307 Joyce Dr. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO CIEYES GIVE WAR OR DATEST 578-09-8025 Camp Springs, Md. Alvina Beach No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY LLYOCARDIAL INFARENOU DA4 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE AS A CONSEQUENCE OF ATRICE TO BRICATION Conditions, if ony, which AS A CONSEQUENCE OF ALTRAGOS CLEADING
HEALT DISEASE gove rise to immediate couse to, storing the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the bady after death. 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S TAME THE OF MINT should be with the OLEGA 23d LOCATION 231. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Suitland Prince Geo. Md. Washington Nat'l. Cem. Buria] 24 FUNERAL DIRECTOR 6160 Oxon Hill DHMH - 16 60M 1/75 (VRA 15(4)) George P. Kalas Funeral Home Oxon Hill. Md.

13451-25  FOR

REGISTRAR

- STATE

DHMH - 16 60M 1/75 (VRA 15(4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

9-12842

IF UNDER I YEAR

2h HOUR

12h KIND OF BUSINESS OR

LAST

months

days

COUNTY

22c. DATE SIGNED

20769

May 10, 1979

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

STATE

6:10

FUNDER 24 HRS

12012	0.7		
	2407 (01.50)	23.100 15 atv	
		Appr. No orner	14
	Prince Coroga		
		fictioned stad notice	afac maid
	EL TREE		
	Tire.		
	in look on		0
		argenness San management	
		ini mokimbintni inimeneranyae nile a	(foregonal)
t , if y		Car Ster Ster	ALC: THE
Library Val	Toroll hist no		
	ANTAL MARK	a tributa de la constitución de	- 4-12-6-1

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- S	FOR STATE REGISTRAR		DEPART	CERTIFICAT	TE OF DEATH		EG. NO. 7	9-12	843
1 DECE/	ASED NAME FIR		MIDDLE	D'Agosti	no	2a. DATE OF DEA		DAY YEAR	かりりま
3 SEX	Dai	4 RACE	36	5. DATE OF BIR		6 AGE (IN YEARS L	may	10 M//	UA
	emale	Whit	e	Nov 3,		54	YRS	ETAG CHTHOM	HOURS MI
COUN	HPLACE (STATE OR FOREIGNERY)  St of Columb		WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED	9 BALTIMORE C	George		
Ch	OR TOWN OF DEATH	6134	HOSPITAL, NURSIN CHFACILITY, GIVE STREET Westland	Drive	HER INSTITUTION	120. USUAL OCC (TYPE OF WORK FOR Registe	UPATION MOST OF WORKING Pred Nur	LIFET INDUSTRY	BUSINESS O
Mary	rland Pr	ome or other institution COUNTY	13c CITY OR TOW Chillum	VN 13d. I 1 YES	NSIDE CITY LIMITS?	13e STREET ADD 6134	RESS <b>Westla</b> r	nd Drive	
14 FATH	HER'S NAME Matteo	MIDDLE DI B	enedetto	15 M	Marie		Del Del	larco (AS)	
	AS DECEASED EVER IN U., NO OR UNKNOWN) (IFY	.S. ARMED FORCES? es, GIVE WAR OR DATES)	166 SOCIAL SECU 579-44-0		seph A. D'		(Husbar	nd) same	as 13
	1539 IMM	DUE TO C	OR AS A CONSEQUE	ENCE STO	0				
C U	Conditions, if any, who gove rise to immedia couse (a), stating it	ch (b)_ the	DR AS A CONSEQUI	LEKUS ENCE OF	Clases RELATED TO THE TERM	NINAL DISEASE OR	CONDITION G	GIVEN IN PART 110	
CERTIFICATION (d	Conditions, if ony, who gove rise to immedia couse (a), storing to underlying couse (b) PART 2 OTHER SIGNIFIC CONTRIBUTION CAUSE (IF EITHER, NOTIFY MEDICAL EXAMINED CAUSE, CAUSE (IF EITHER, NOTIFY MEDICAL EXAMINED CAUSE)	ant conditions C    OF DEATH   HOUF A AMER)	OR AS A CONSEQUI	DEATH BUT NOT I	S PERFORMED  OOUL  HOW INJURY OCCUR	200 AUTOPSY	? 20b. IF Y	ES, WERE FINDIN TIFYING CAUSES YES []	GS USED
MEDICAL CERTIFICATION	Conditions, if ony, who gove rise to immedia couse (a), storing to underlying cause (c) PART 2 OTHER SIGNIFIC (a) DATE OF OPERATION (c) 12 19 19 19 19 19 19 19 19 19 19 19 19 19	ant conditions C    19b CONE	OR AS A CONSEQUI	DEATH BUT NOT I	S PERFORMED	200 AUTOPSY YES NO	? 20b. IF Y	ES, WERE FINDIN TIFYING CAUSES YES []	GS USED OF DEATH?
MEDICAL CERTIFICATION	Conditions, if ony, who gove rise to immedia couse to storing in underlying couse to the couse t	ANT CONDITIONS C  ANT CONDITIONS C  196 CONE  OF DEATH MINNER)  216 PLACE (AT HOME, S)	OR AS A CONSEQUION FOR WHICH DETINITION FOR WHICH OF INJURY GREET, FACTORY, OFFICE, I	DEATH BUT NOT I	S PERFORMED  LOCATION STREET  19  t in (my) (our) opinion	200 AUTOPSY YES NO RED (ENTER NATURE O	20b, IF Y INCERT OF INJURY IN ITEM 18	ES, WERE FINDING TIFYING CAUSES YES []  COUNTY  19 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	GS USED OF DEATH? NO STATE
MEDICAL CERTIFICATION  10  10  10  10  10  10  10  10  10  1	Conditions, if ony, who gove rise to immedia couse (a), storing to underlying cause (b).  PART 2 OTHER SIGNIFIC (a) DATE OF OPERATION (a) DATE OF OPERATION (b) CAUSE (IF EITHER, NOTIFY MEDICAL EXAIT. IN JURY OCCURRED (b) WHILE (a) NOT WHILE (a) NOT WHILE (a) NOT WHILE (a) NOTIFY (b) (b) (c) (d) (f) (c) (d) (f) (c) (d) (f) (d) (f) (f) (d) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	ANT CONDITIONS CONDITI	OR AS A CONSEQUION FOR WHICH DETINITION FOR WHICH OF INJURY GREET, FACTORY, OFFICE, I	DEATH BUT NOT I	S PERFORMED  HOW INJURY OCCUR  LOCATION STREET  10 (my) (our) opinion  E  ATTENDING	200 AUTOPSY YES NO RED (ENTER NATURE O	20b, IF Y INCERT OR TOWN The date and he	ES, WERE FINDING TIFYING CAUSES YES []  B, PART 1 OR PART 2)  COUNTY  19 7 1	GS USED OF DEATH? NO STATE
MEDICAL CERTIFICATION  10  10  10  10  10  10  10  10  10  1	Conditions, if ony, who gove rise to immedia couse (a) storing to underlying cause (c) and the couse (a) storing to underlying cause (c) and the couse (c) a	ANT CONDITIONS CONDITI	OR AS A CONSEQUION FOR WHICH DETINITION FOR WHICH OF INJURY GREET, FACTORY, OFFICE, I	DEATH BUT NOT I	S PERFORMED  LOCATION STREET  19 5  t in (my) (our) opinion  E  ATTENDING PHYSICIAN [	200 AUTOPSY YES NO RED (ENTERNATURE OF CITY  T, to THE death occurred on	20b, IF Y INCERT OR TOWN The date and he	ES, WERE FINDIN TIFYING CAUSES YES  3, PART 1 OR PART 2)  COUNTY  19	GS USED OF DEATH? NO  STATE hot (I) (we)

DHMH - 16 50M 1/76 (VR A 15 (4))

IMPORTANT: If them 21 is marked ar them 18 shows ony

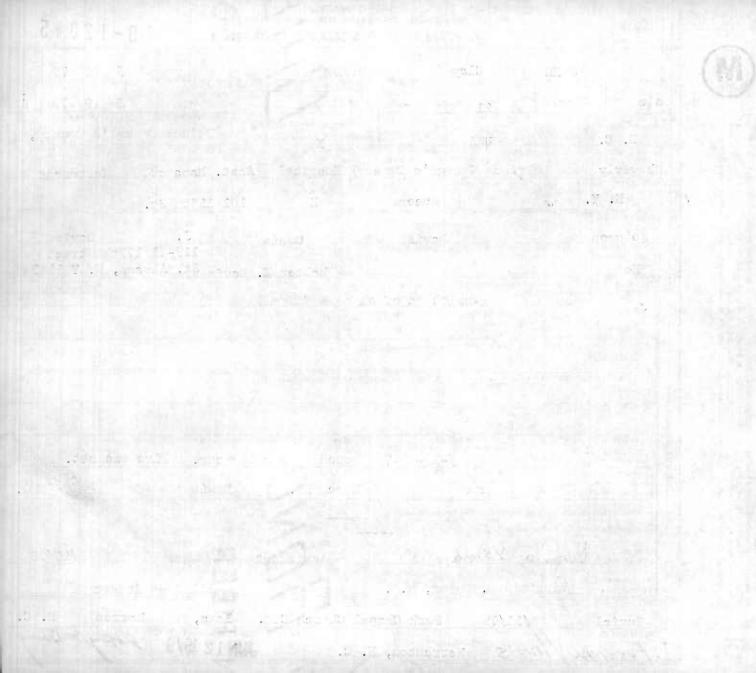
8-12833				
	nglin	gg I tg	and the	
	Arms.		rug Filt	nfator
etince Jourse's in			7.80 mid-	In to set!
intiment arms from Lake			ran 18to	imittato i
doing housing North	x	- 111	di a opi . i	final card
Port Mil	alver	6,116	September 16 19 9	# Lott
all on seen (bowler) only or !!	. Insect	J		0
AN CHAR THE PROPERTY	-Cefassil	tricil-	100/11/2	F
			nyllas, ques eta	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Month Harry :00 M Francis Davies Mav 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS lost birthooy) MONTHS HOURS 1895 Male Dec. 24. White 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED country)Penna. U. S. A. WIDOWED [ DIVORCED | Prince Georges IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress) Charles Hill \*\*
Old Marlboro Pike 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)

Physician Practice BALTIMORE, MARYLAND 21201 Upper Marlboro 13o, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER "Charles Hill" Upper odmission) STATE 13b. COUNTY YES [ NO X Pr.Gao! Md Mar Longings MAIDEN NAME First 14. FATHER'S NAME Middle Pages hin 72 Unknown Unknown Addenarles 16h SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Schoole Davies Old Marlboro Pil (Yes, no, or unknown) Frances BETWEEN ONSET AND DEA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF PV Iliseage Conditions, if ony, which gove ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19o. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO C 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) buriol, OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (1) (this haspital) attended the deceased fram 15 Guly , 1963, to 25 may . 199 saw the deceased alive an 24 \_1924, and that in (my) (aur) apinian death accurred an the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b SIGNATURE DIRECTOR ATTENDING MED. DIRECTOR STAFF PHYS. M. D. DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS Robert B. Sasscer, M.D. NAME (Type) Upper Marlboro. Md. 20870: should to 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) 23o. BURIAL, CREMATION, Burlal (Specify) 5/29/79 Mt. Olivet Cemetery Washington, D. C. 0 RECD BY REGISTRAR Coleman -Upper Marlboro, Maryland 20876: 2Sb. REGISTRAR'S SIGNATURE 1979 DHMH - 16 3/72 25M Home Funeral (VR A15 (4))

STATE OF MARYLAND

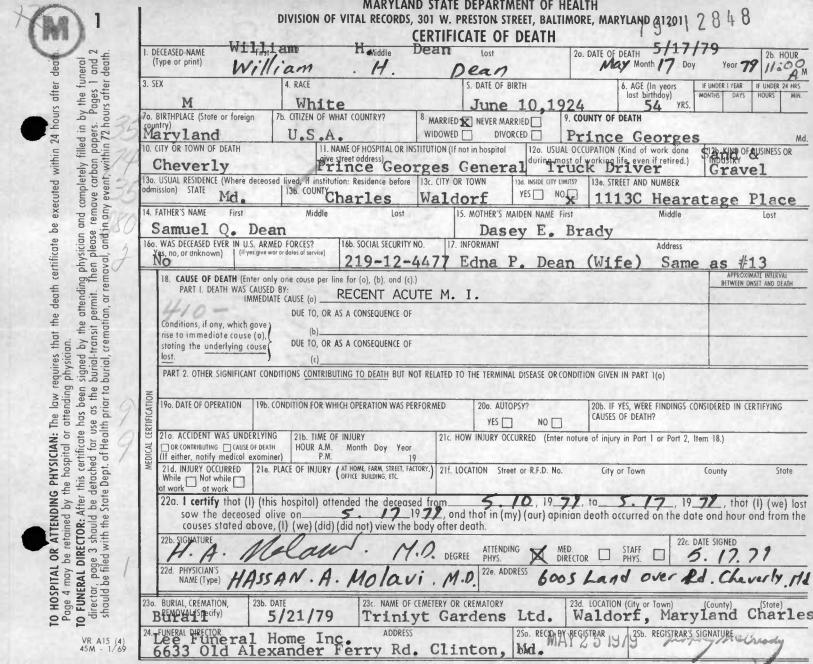
Fire the state of 1110 Els 190. 21, 195 By 1100 eulonda misisya. Oli seele kor oronlaa seeli fer selection in contract the selection in c Robert S. Banson, M.D. Under Marigory, ed. 21070: Parks I (2/27/7) 4%. Sectors Samples (1) (2/27/7) 4. 0. 



STATE OF MARYLAND

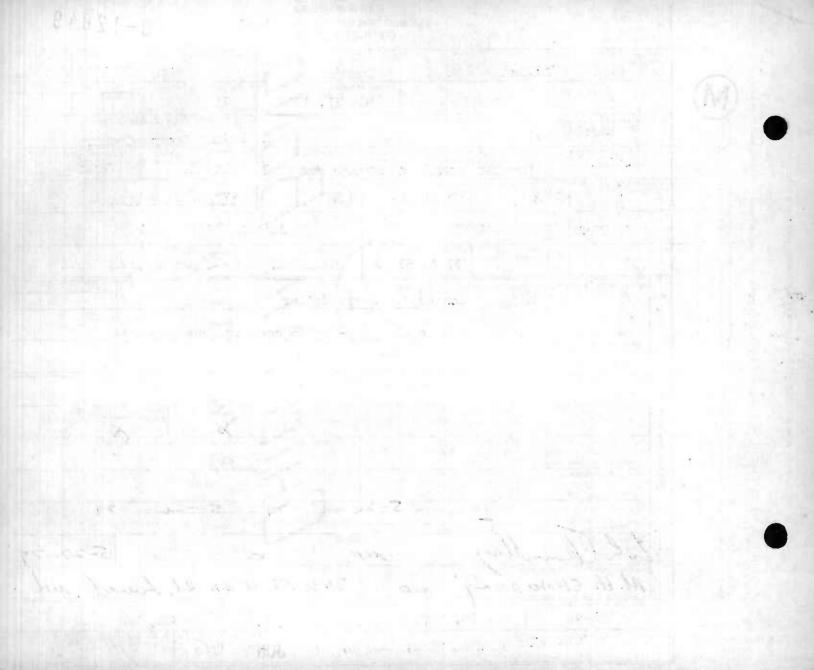
STATE OF MARYLAND 79-12847 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME MIDOLE LAST 2a. DATE OF DEATH YEAR 26 HOUR (TYPE OR PRINT) WILFRED DAVIS 7:07PMM 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR MONTH DAY YEAR Male Caucasian 07 70. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pa. U.S.A. WIDOWED . DIVORCED TO 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Clinton BALTIMORE, MARYLAND 21201 Southern Maryland Hospital Center Electrician Construction USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AOM 130 STATE 131 COUNTY 133 CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Md. Pr. Georges Clinton YES X 9211 Stuart Lane 4 FATHER SNAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Kester James Davis Jennie ADDRESS Box-70-A 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) 176-07-6363A Barbara J. Sargent Augusta West Virginia 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY: neumonia IMMEDIATE CAUSE 201 W. PRESTON AS A CONSEQUENCE OF Spiratory Conditions, if ony, which gave rise to immediate couse to, stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause C. 0. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? pe NOW YES T NO T Mentol Hygie 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 0 71d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK M May 27a.1 certify that (1) (this haspital) attended the deceased from 5 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on obove, (1) (we) (did) (did not) view the body ofter death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be deto with the Stote IMPORTANT: I FUNFRAL 27d. PHYSICIAN'S NAME (TYPE OF PRINT) 4235 28th Ave. Marlow Hergarts and NEMAIT 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE STATE (SPECIFY COUNTY Burial 6 - 1 - 79Ft. Lincoln Cem. Brentwood Md. 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VRA 15 (4)) F. Gasch's Sons F.H. P.A. Hyatts. Md.

11881-07 and their transfer of the Court ment than atelleriy had ateneua income . I careful --a total a footist and a footist a fo Specificant boosties 



William R. E. Donn Chererly with correspondent living things to the court treated dearant office a limited and and the contract of the c francia a formand When . I weard 219-12-6677 "dog F. Jenn (Miffel, Sorie as = 3 MARKET BELLEVILLE STORY HARANS A. Malants As . Cont Lead one El Shoule Mill omesic sylves frinted Cardens A.d. Delfort, caryled Charles log Puncaral Monte Jose.

STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

0-12850 Capitalise and a second second

toron and the fourth of the win

medical examiner must be notified at ance.

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

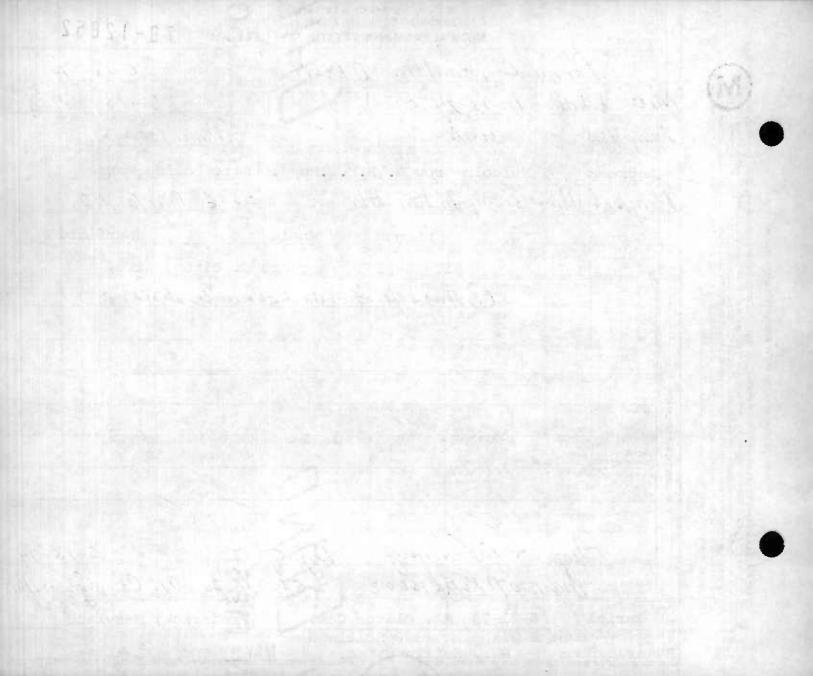
79-12851

	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND ME		IENE 7 C	) 12	831	
		CEASED NAME OR PRINT)	Robert	MIDDLE	l	Devine		2g. DATE OF DEATH	05 10	79	12;25am
	3 SE)	(	4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BIRTI		IDER I YEAR	IF UNDER 24 HRS
		Male	White		1	11	15	64	YRS.	HS DAYS	HOURS MIN
		RTHPLACE (STATE OR FORE	IGN 76 CITIZEN OF	WHAT COUNTRY?	8	D NEVERMA	DDIED (X)	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
16		Pennsylvani	a U.S.A.		WIDOWE		RCED	Prince Geor	ges Cou	nty	MD.
34	10 CI	ty or town of DEATH Laurel	11. NAME OF H	OSPITAL, NURSIN LAUTEL BE	IG HOME C	OR OTHER INSTITU	NOITL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF  Educator	WORKING LIFE)	NDUSTRY	ian Bros
2 3	USUA 13a. S	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE		13d INSIDE CITY	HAAITS?	13e STREET ADDRESS			
38		Marvland	Prince Geo.	Beltsvi			0 🗌 — j	6011 Amme	ndale R	oad	
1.1		THER'S NAME FIRST Francis	MIDDLE P	Devine		15 MOTHER'S M				nery	Ť
LP C	Ián V	VAS DECEASED EVER IN		16b SOCIAL SECU	RITY NO	17 INFORMANT		ADDRE		ulely	
1	(Y		NONE	208-40-				culley-Addr	ess Sam		#13.
	NOI	Conditions, if any, v gove rise to immer cause lat stating underlying cause	DUE TO, Of thick diote	R AS A CONSEQUE	NCE OF	NOT RELATED TO		alrees for	DITION GIVEN I	N PART III	
1	CERTIFICATION	19a DATE OF OPERATIO	DN 196 CONDI	TION FOR WHICH	OPERATIO	n was perform	NED	200 AUTOPSY?  YES ▼ NO□	20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES	OF DEATH?
9	WEDICAL CER	21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	JSE OF DEATH HOUR A.F	m, month da m.	YEAR			ED (ENTER NATURE OF INJUR	Y IN ITEM 1B, PART 1	OR PART 2)	
	MED	21d INJURY OCCURREL  WHILE NOT WHILE AT WORK	LAT HOME STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITY OR TOW	'N C	OUNTY	STATE
		saw the deceased	nis hospitol) attended the olive an () (did nat) view the body	19		nd that in (my) (au	19 ur) apinion o	, to			
1		Thom KS	1 11	CAN,	M.D.		YSICIAN A	DIRECTOR - PHYSIC		20/	, Md.
	(1	BURIAL, CREMATION, RE SPECIFY) Burial	May 14	2000		emetery or cre		23d. LOCATION CITY OR TOWN Beltsvil	le-Prin	ce Se	QMd.
		UNERAL DIRECTOR NAME  Chambers Fu	neral Home-1	ADDRESS			25a. DAT	ARCTO BY REGISTION	25b. BESSISTIRAN	YGENN	Greedy

DHMH - 16 60M 1/75 (VRA 15(4))

Total support a few and the support of the support THE RESERVE OF THE PARTY OF THE My white more than the first or the control of the first the contract of the contract o hand grade on pulse or life over 1 content is the phinosis in

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR 20. DATE KNOWN MONTH (TYPE OR PRINT) OF Jernaid. DEATH MATED AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAYL PRONOUNCED DEAD BALTIMORE CITY OR COUNTY OF DEATH FR MARRIED DIVORCED WIDOWED 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Sat. Police Force Malcolm Grow A. A.F.B. Hosp. Andrews YES 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Warfield Mamie W. Dixon George 166 SOCIAL SECURITY NO 17. INFORMANT 68. WAS DECEASED EVER IN U.S. ARMED FORCES? Same as Above (YES, NO, OR UNKNOWN) 215-20-8155 Barbara J. Dixon, Wife, Yes APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per time far.(a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Torid salerofu andiovasculor deslace IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 21g FXTERNAL CAUSE WAS 21b TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY WHILE NOT WHILE AT WORK 22s. I certify that I took charge of the remains described above, held an Inspection Undetermined manner Natural causes 0 230 BURIAL CREMATION REMOVAL 236 DATE Burial 5-21-79 Mt. Olivet Cem. Frederick, Maryl 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Robt E Wilhelm 4308 Suitland DHMH - 17 (VR A15 ME (5)) Funeral Home Rd., Suitland, Md. 15M 7/76



12858 MARKET AS MELLEY CARE DURING IN A area many the area of the state Amerikan men makku de makh tera merenda an akku makeu da ak Ki an men makku de makh tera mengan an akku dena da ak distribution of the contract o

FOR - STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	7	0	_	1	2	8	5	L
NO.	1	J		-	4	U	J	٦

							ICATE OF DEATH	REG. N	O. /	7 1 6	
		CEASED NAME FOR PRINT)	Clare	nce Earl	Lee		DSON	05-20-	- <b>7</b> 9	AY YEAR	25 HOUR 5:00A
	3. SE	male		white				6 AGE (IN YEARS LAST BIR	YRS	FUNDER 1 YEAR	IF UNDER 24 H
40		RTHPLACE (STATE OR F OUNTRY) Alabama		U S	A	WIDOWE		PRINCE GE	ORGES	OF DEATH	
74		CHEVERLY	1	PRINCE	ĠĔŎŔĞĔ\$	GENER	AL HOSPITAL	126. USUAL OCCUPAT (ITYPE OF WORK FOR MOST O Retired fi	OF WORKING LIFE)		F BUSINESS OVERNO
35	130 5	AL RESIDENCE (IF NUR STATE Md	136 COUNT		CITY OR TOW	/N	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 6704 4	l4th av	enue	
160	14. F/	ATHER'S NAME FIRST Clare	ence E	Dodson	LAST		15. MOTHER'S MAIDEN NAI FIRST Grace	M Quigley	a la	LAS	1
medico!		WAS DECEASED EVER YES, NO OF UNKNOWN) Yes	IN U.S. ARM		438 30 1		Mary G Dodso	n Universi		k, Md.	
other traumatic		Canditians, if any gave rise to improve tal, statis	mediate ng the	(b)	AS A CONSEQUE	you	dil anorin			10	days
injury, or o	NOI	PART 2 OTHERSIG		(c) ONDITIONS CON	ITRIBUTING TO	DEATH BUT	NOT RELATED TO THE JERM	unal disease or con	IDITION GIVE	N IN PART I CO	aye
Hem 18 shaws ony injury, or o	CAL CERTIFICATION		NIFICANT CO	19b CONDITION 21b. TIME OF	ON FOR WHICH	OPERATIO	NOT RELATED TO THE JERM N WAS PERFORMED  21c HOW INJURY OCCURE	200 AUTOPSY?  YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	GS USED
s ony injury, or	MEDICAL CERTIFICATION	PART 2 OTHER SIGN 190 DATE OF OPE A 210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR WHILE AT WORK AT WORK 220.1 certify that (1) sow the deceas	TION  DERLYING CAUSE OF DEATH TALE EXAMINER)  RED  HILLE  (this hospito ed alive an	21b. TIME OF HOUR A.M. P.M. 21c PLACE OF (AT HOME, STREET	INJURY MONTH D.  FINJURY T., FACTORY, OFFICE, I	OPERATION  AY YEAR  19  FARM, ETC.)	216 HOW INJURY OCCURE 211 LOCATION STREET  19 D  d that in (my) (dur) apinion of	200 AUTOPSY?  YES NO CITY OR TOW	20b. IF YES, IN CERTIFY YES  RY IN ITEM 18. PAF	WERE FINDING CAUSES  TRI 1 OR PART 2)  COUNTY	STATE

FOR **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN THE 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 70 70. BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BANTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED [ Wash. D.C. DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Cheverly Pr. Geo. Gen. Hosp. Self-Employed Gas Appliance URSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 134 COUNTY AWOT ROWN 13d. INSIDE CITY HMITS? 13e STREET ADDRESS Brentwood YES NO 1 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST H. Donal dson Emily Martin Richard OF 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESSII2 Edmonston Rd. DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES Thelma Jean Donaldson Apt-11 Hyatts. Md. 578-07-0119 No 18. CAUSE OF DEATH (Enter only one cause por line for (a), (b), and (c).) Sue lade odas wardy searce RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO AR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [a]. 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 1 216 EXTERNAL CAUSE WAS 21b. TIME OF IN IURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION 21d. INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE Inquiry 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my opinion Accident death resulted from: Notural causes Suicide Homicide Undetermined monner TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, V BALTIMORE, MA EXAMINER'S NAM TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 6 - 2 - 79Metropolitan Crematory Alexandria Cremation Alexandria BP. DATE REC'D. BY REGISTRAR PARE REGISTRALS SIN NATURE 24. FUNERAL DIRECTOR **DHMH-17** Gasch's Sons F.H. P.A. Hyattsville, Md. JUN 6 (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND

			Hilly and Dolla	Now No. of the last
				Work Text
	1000	70		
			97. Men. Jen. 10cm.	
15 947	2145 160 100		There there is	The sale
Continue Continues	T.E.M.	That	anab farmi	beedoLi
File Millow # 1	the state of the state of		The Control of the Control	
				c

6160 Oxon Hill Rd. Oxon Hill, Md.

FOR

(VRA 15, 4) 7/78

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

4:30 IF UNDER 24 HRS

126. KIND OF BUSINESS OR

Yates

APPROXIMATE INTERVAL

2-3YEARS

STATE

STATE

Md.

INDUSTRY at home

COUNTY

22c. DATE SIGNED

15-12856 7 - - 7

To de la contraction de la con

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) rederick DEATH MATED DATE PRONOLINCED DEAD IMORE CITY OF COUNTY OF DEA BIRTHPLACE (STATE OR NEWER MARRIED USA isconsin Post WORK 126 KIND OF BUSINESS NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Retired Office U.S. Govt. MIDDLE Sowin Martha L. Arthur Drake Guv 17. INFORMANT 2002 Ruben Dr. AL SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) Arthur Drake-brother-Waukesha, Wisc WW APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter anly one cause pe PART I DEATH WAS CAUSED BY enter cardio l'ascular deslace IMMEDIATE CAUSE Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OLINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 196-CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO XX 71a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Inspection and in my opinion Undetermined manner death resulted fram; Natural causes Accident Hamicide PAGE TO FU 23g BURIAL, CREMATION, REMOVAL 23b. Spring Montgom ery Md. Gate of Heaven 250, DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Pumphrey Inc **DHMH-17** (VR A15 ME (5)) Ga. Ave., S.S. 15M 7/76

10-15021 Tracking the Market Standard 8-3 7 HAVE TOME 10-12 SHEET Mark Commen Fundant Committee of the Committee Committee of the U.S. Committee of the They like to their to the Color When the second of the second of the second Cold to the contract of the cold of the co A factorial and a factorial of the factorial and The state of the s TO MARKE PROPERTY OF THE SEASON CO. THE SEASON 

	-	2
	-L	
-	A	
-	1	

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9	-	1	2	8	5	8

REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10. 19-	120	2
1. DECEASED NAME (TYPE OR PRINT)	Lofton		Leon	Dui	cham Sr.	5/20/79	MONTH DA	Y YEAR	11-28
3. SEX Male		4 RACE White		S. DATE O	7,1914 YEAR	6 AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS
70 BIRTHPLACE (STATE COUNTRY)  North C	Carolin	a U	WHAT COUNTRY?	MARRIE		Prince Ge	orge's	County	
Lanham	DEATH	Doctors	HOSPITAL, NURSIN HOSP . C	ADDRESS)	G. County	Glazier		INDUSTRY	of Business of
Maryland	13b COUN		13c. CITY OR TOW	N	KYES 🖹 NO 🗌	•	th Ave	nue	
14 FATHER'S NAME FIRST John	T	homas	Durhar		IS MOTHER'S MAIDEN NAM	ry Ellen	Pegr		
160 WAS DECEASED E (YES, NO OR UNKNOW)		MED FORCES? E WAR OR DATES)	244-14-		Deborah M	oore (dau)	13901 E Laur	el, M	vood Ro
Conditions, if gove rise to couse 101.	ony, which immediate stating the ouse lost	D BY: TE CAUSE (o)  DUE TO, O  (b)  DUE TO, O  (c)	R AS A CONSEQUE	NO NENCE OF		STAS: E3		SIVI	MIIKS
19a DATE OF OF	ERATION	19b. COND	ITION FOR WHICH	OPERATIC	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFYI YES	WERE FINDING CAUSES	
OR CONTRIBUTING  (IF ETHER, NOTIFY)  21d. INJURY OCH  WHILE  AT WORK		21e. PLACE		ARM, ETC.)	211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
sow the de	ceosed olive on ve) (did) (did no		e deceosed from_ 0 19 ofter death.	1	nd that in (my) (our) opinion do DEGREE ATTENDING	eoth occurred on the o			
22d. PHYSICIAN	S NAME (TYPE	RPRINT) TH	CW	<u> </u>	PHYSICIAN P 220 ADDRESS 3 7 6 1	DIRECTOR PHYSI	CIAN 🗌	59-	
23a. BURIAL, CREMATI		23b. DATE			EMETERY OF CREMATORY	23d. LOCATION CITY OR TOWN		OUNTY	STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

should be detached for use as the buriol-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traum?

24 FUNERAL DIRECTOR Francis Gasch's Sons, PA Hyattsville, Md.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE COMMAY 2 3 1979 For Fry Record

37351-27 L of Designation 

The first of the state of the s entring and the state of the st

age 4 may be

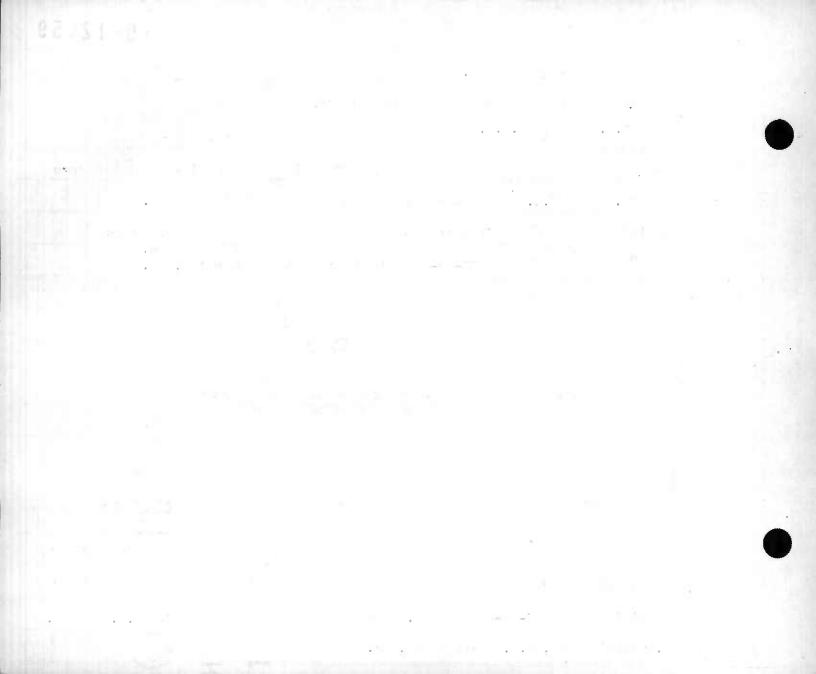
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR			DEPAR		EALTH AND MI			7 ·	9-12	2859
		CEASED NAME OR PRINT)	FIRST MARY		L.	4 ** *	RHAM.		20. DATE OF DEAT	H MONTH DA	22 <b>7</b> 9	26. HOUR 9.15AMM
	3 SEX	Female		RACE White		April	FBIRTH		6. AGE (IN YEARS LAS		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN
1	7e. BIR	RTHPLACE (STATE OR FI	OREIGN	P CHISEN OF	WHAT COUNTR	Y? I MARRIEI	D NEVER MA	ARRIED	BALTIMORE CIT			MD
1	37.7	TY OR TOWN OF DEA	ATH /		H FACILITY, GIVE STR	EFT ADDRESS)	e Hodpi		12a USUAL OCCUI (TYPE OF WORK FOR MO Housew	PATION	126. KIND C	Home
	USUA 13a S	AL RESIDENCE (# NUR.	1136 COUN	OTHER INSTITUTION, TY GT •	GIVE RESIDENCE BEF 13. CITY OR TO Edmons	NWC		10 🗆	134 STREET ADDRE 4801 49	th Ave.		
G		THER'S NAME	~	C	orbett		15. MOTHER'S A		MIDD	Steve	enson las	51
	léa W	VAS DECEASED EVER (ES, NO (1) UNKNOWN)	IN U.S. ARA	AED FORCES? WAR OR DATES)	166 SOCIAL SE 237-22-3		James		4803 49 Edmonst	T.F		
		Conditions, if ony gove rise to imm couse (a), statiunderlying couse	mediate ng the last.	(b)   DUE TO, OI	R AS A CONSEC	DUENCE OF	(2)	VA Scrib	AL DISEASE OR C	CONDITION GIVE	N IN PART 1	01
1	CERTIFICATION	190 DATE OF OPERA	Bas		ITION FOR WHIC	CH OPERATIO	N WAS PERFOR	MED 8	206 AUTOPSY? YES NO	IN CERTIFY	WERE FINDING CAUSES	
-		210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT		M. MONTH	DAY YEAR	21c HOW INJU	JRY OCCURRE	ED (ENTER NATURE OF	INJURY IN ITEM 18, PA	RT I OR PART 2)	
	MEDICAL	21d. INJURY OCCUR WHILE NOT W AT WORK AT W	HILE (T)	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFIC	CE, FARM, ETC.)	211_LOCATION STREET	I	CITYO	RTOWN	COUNTY	STATE
		22a.l certify that (II saw the decease above, (I) (we) (	ed alive on	7.	22 19	72	DEGREE		ooth occurred on the			SIGNED
		H.A.	MC (TYPE OR	la V	i . M.	0.	100 .000555	-	lover.		everly	',11
		BURIAL, CREMATION,	REMOVAL	23b. DATE 3-24-7			EMETERY OR CR		23d LOCATION CITY OF TOWN	wood F	COUNTY	MATATE

6300BP. DHMH-16 20M (VRA 15, 4) 7/78

24 FUNERAL DIRECTOR F. "Gasch's Sons, P.A. Hyattsville, Md. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE.



Riverdale, Maryland

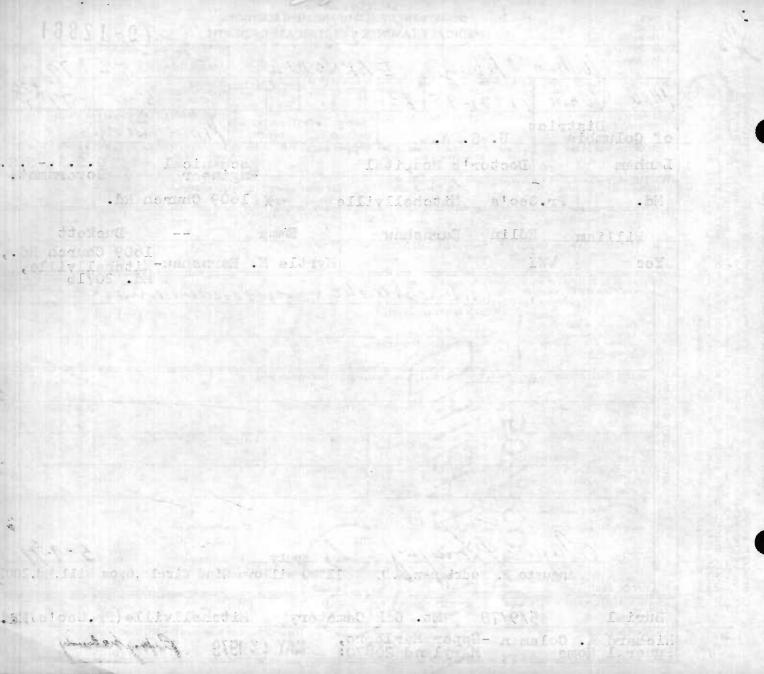
STATE OF MARYLAND

FOR

DHMH-16 20M (VRA 15, 4) 7/78

Chambers Funeral Home

	1	STATE OF MARYLAND	
111	11-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	12061
5 12		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7   2001
		ECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MON OF ESTI-	NTH DAY YEAR 26. HOUR
N 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	,,,,,	William Irving FARMS HAW DEATH MATED 5	-6 179 M
A C THE	3. SEX	AACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 20. DATE MON	TH DAY YEAR 24 HOUR
A. 3.1.	14	Male White 12-21-98 23 yrs. MONTHS DAYS HOURS MIN. PRONOUNCED 5-6	7948
SAR	70 B	ALTERNACE STATE OF THE STATE OF	UNITY OF DEATH
NA PRESENTED	FC	OREIGN COUNTRY) District MARRIED LA NEVER MARRIED LA NEVER MARRIED	00
72075	Of	F COlumbia U.S. A. WIDOWED DINORCED WELL STATE OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WO	MD.
AV IS P THE P AGE ( FILED,		LITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  120. USUAL OCCUPATION (TYPE OF WICE ADDRESS)  FOR MOST OF WORKING LIFE)	G S A -U S
= O = W		anham Doctor's Hospital Mechanical	Government
		IAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE  138. COUNTY  138. CITY OR TOWN  134. INSIDE (ITY LIMITS?  139. STREET ADDRESS	- GOAGLINEIOS
21201 IF ANY E AND 3 3. RETAIN SHOULD		Md. Pr.Geo's Mitchellville YES NO X 1609 Church Ro	d.
		ATHER'S NAME 15. MOTHER'S MAIDEN NAME	
A P S 1 S I		FIRST MIDDLE LAST FIRST MIDDLE	LAST
- OF A SEC	160 \	William Edlin Earnshaw Emma I was deceased ever in u.s. Armed Forces? Is Social Security No. 17 INFORMANT ADDRESS.	Duckett
FTER FPAC FOON	LY CY	Yes, NO, OR UNKNOWN) (IF YES, GOVERNOWN OR DATES)  YES, NO, OR UNKNOWN) (IF YES, GOVERNOWN OR DATES)  WWI WITH M. Earnshaw—Mit.	9 Church Rd.,
BALTIMORE, URS AFTER DE 8. GIVE PAGES WITH FORM PAGES 1 AN DIVISION OF	I	ingible ne mainshaw-Mill	chell All Te
. 28		18. CAUSE OF DEATH (Enter anly ane cause perhaps for (a), (b), and (c).) PART   DEATH WAS CAUSED BY:	207 APPOXIMATE INTERVAL BETWEEN ONSET AND DEATH
TON ST.  V 24 HO I ITEM 1 ALONG PERMIT I'GIENE,		PART I DEATH WAS CAUSED BY: IN LEND & Elevotic Corder Vasculor disco	in
0 7=300		Due TO, OR AS A CONSEQUENCE OF	
W. PREST D WITHIN ENCIL IN ENCIL IN F. TRANSIT ENTAL HY REMOVAL		Canditions, if any, which gave rise to immediate (b)	
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF	
OTED UTED N PE EXA NEL-' MEI-' OR R		lying cause lost.	
XECU XECU G" IN CAL E BURI ON, O	130	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
DIVISION OF VITAL RECORDS, 301 SCERTIFICATE SHOULD BE EXECUTE STING THE WORD "PENDING" IN R POED TO THE CHIEF MEDICAL EX, R 3 SHOULD BE USED AS A BURIAL E DEPARTMENT OF HEALTH AND M PRIOR TO BURIAL CREMATION, OR	Z	TAKE 2 STATE STATE CONSTITUTES CONTRIBUTION TO SCATE BUT NOT RELATED TO THE TERMINAL SISEASE OK CONSTITUTE BY PART 1 (a).	
ULD BE E. "PENDIN" FE MEDIC SED AS A HEALTH CREMATIC	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
TALI HOU RD "I CHIE! OF H	5		
OF VITA  ATE SHC  THE CHI LD BE US  NENT OF  BURIAL,	- 5	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM ) R PART L	YES NO
CATE VIEW MED MED BUILD		HOUR A.M. MONTH DAY YEAR	JR PART 2)
ON O THE TO T HOUL	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19	
CERTIFING TOPPED	ED	21d. INJURY OCCURRED  21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN	COUNTY STATE
DIVIS THIS CER WARDED AGE 3 S TATE DEF	2	WHILE AT WORK STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN	COUNT
E, VENVER PAN			
TOR PARENCE			ny apinion
A F B O F A		death resulted from: Natural causes , Accident , Suicide , Homicide ! Undetermined monner .	
PIECER ARY		ACTUAL CHILDREN ASSECTION TITLE (SPECIFY)	1 677G
MEDICAL CUTE THE SE 4 SHOI FUNERAL ER DEATH, TIMORE, M	1		GNED 9
DEA S		EXAMINER'S NAME ADJUSTO P. Rodriguez M.D. 12800 Willow. Wind Circle, Ox	con Hill, Md. 2002
MEDICAL SECUTE THE SECUTE THE SECUTE THE FUNERAL ITIMORE, M		(TYPE OR PRINT) ADDRESS	
TO ME EXECU PO FG TO FU AFTER BALTIN	23a. B	BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	COUNTY
BP	E	Burial 5/9/79 Mt. Oak Cemetery Mitchellville	(Pr.Geo's) Mad
DHMH - 17	24 E	tuneral director Coleman Coleman Marlboro, 1250. Date rec'd. By registrar 1250 pegistrar	SSIGNATURE
(VR A15 ME (5))	187	ineral Home Maryland 20870: AY 22 1979	reduciny
15M 7/77	T. C	THE TALLY TALLY COULD WITH A 1019	



PHYSICIAN: The

OR ATTENDING

22h SIGNATURE

(SPECIFY)

22d. PHYSICIAN'S NAME (TYPE OR PRINT

230. BURIAL, CREMATION, REMOVAL

Burial

3 SEX

director, page 3 hours after death

he funeral within 72 h

portifi

exami

event,

0

or rem

completely filled in by the

the attending physician and c remove carbanpapers. Pages

be

may

FOR STATE REGISTRAR		MENT OF HE	OF MARYLAND ALTH AND MENTAL HYGI CATE OF DEATH	REG. NO.	79-12	862
I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE Ed.	wards	şτ	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
sex Female	4 RACE Black	5. DATE OF MONTH	BIRTH DAY 12-24-08	6. AGE (IN YEARS LAST BIRTHDAY) 70 YRS	MONTHS DAYS	HOURS MIN
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED WIDOWED	MEVER MARRIED DIVORCED D	9. BALTIMORE CITY OR COUNTY	TY OF DEATH	MD.
(8. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN Prince George U			12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		F BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME O 13a STATE 13b COU		/N 11	3d. INSIDE CITY LIMITS?	13e STREET ADDRESS 934 Peter St.	Rocky Mt	., N.C.
FATHER'S NAME FIRST  Kel:	LAST LAST		5. MOTHER'S MAIDEN NAME FIRST	AE MIDDLE	LAS	1
(IF YES, GIV	RMED FORCES? 166 SOCIAL SECU E WAR OR DATES)		7. INFORMANT Vm. Edwards 9	ADDRESS  10 Johnson Rd.	Turnersv N.	
PART I. DEATH WAS CAUSI	nly one cause per line for (a), (b), and ED BY: TE CAUSE (a)		Intere-	Ció m	01	MATE INTERVAL ONSET AND DEATH
Conditions, if any, which	DUE TO, OR AS A CONSEQUE		Trac Veri		5 w	eeKs
cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF	na of Cer	víx	114	Cal
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE OR CONDITION G	IVEN IN PART 10	1)

no 18 CAUSE OF DEA PART I. DEATH Conditions. gove rise to cause (a), stat underlying caus PART 2. OTHER SIG CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from that (1) (Ne) last saw the deceased alive an\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, IV we lided religional view the body differ death

DEGREE

22e ADDRESS

23¢. NAME OF CEMETERY OR CREMATORY

Easton Cem.

ATTENDING

PHYSICIAN

MEDICAL

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attenshould be detached for use as the buriol-transit permit. Then please remove consults the State Dept. of Health and Mental Hygiene prior to buriol, cremation, IMPORTANT: If them 21 is marked as the state of retained by the haspital ar attending physician HOSPITAL BP. DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR Vernon Bailey 1348 Calhoun Street

236. DATE

5-4-79

Rocky Mount. 25a. DATE REC'D. BY REGISTRAF

STAFF

DIRECTOR | PHYSICIAN

23d LOCATION

DATE SIGNED

STATE

29-12862					ď.
85-13-1		Elveris		0011-	
	87-15-17		in a T	efamo's	
A 6000			* * *	. W	Na.
	Congress Louis.		engel nea no		
914 Peter St. Roder M.J. 11.0			esta la cala me		
	nge		THE THE PERSON NAMED IN		
. I I won no D	19 abundar .nic			DIT.	
	Mario E.				
Mark Services In					1
		posenii .	20   60	Laland	
Destination and	MAN LANCE	Lifeord	nucetra sy	t valid monu	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed retained by the hospital or attending physician.

within 24 hours ofter

						KIMPHI UP I	HEALTH AND MI	ENTAL HYG	IEME				
	1 -	FOR Items STATE Film# REGISTRAR	532 6	-18-79	DEFA	CERTII	FICATE OF DE	ATH	IENE	REG. NO	79-	-128	36
	1. DE	CEASED NAME	FIRST		AIDDLE		LAST		20. DATE OF E			Y YEAR	2b. H
30	TYPE	OR PRINT)	OHN	PAU	UL	EFST	ATHIOU		MAY	23, 1	1979		7:
	3 SE	х	240	4 RACE		5. DATE (	OF BIRTH	YEAR	6. AGE INYEA	RS LAST BIRTH		FUNDER I YEAR	# UN
		MALE		WHIT	Ε		Y 5, 195		23	3	YRS.	JAINS DATS	1100
100		RTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTR	RY? 8	ED NEVER MA	RRIED W	9 BALTIMOR	E CITY OR	COUNTY	OF DEATH	
5		ASSACHUSET		USA		WIDOW	ED DIVO	DRCED	PRINCE			YTOUO	
28		DREWS AFB		I IF NOT IN SUCH	H FACILITY, GIVE STR	REET ADDRESS)	OR OTHER INSTIT		12a. USUAL OF (TYPE OF WORK F AIRCRA	OR MOST OF	WORKING LIFE)		
	USU/	AL RESIDENCE (IF NURS	SING HOME OR		GIVE RESIDENCE BER		13d. INSIDE CIT	V I IAA ITC 2	13e. STREET AI	DDECC			
36	100	RYLAND		E GEORG				10 [	BKS 16		NDREWS	AFB,	MD
	14. FA	THER'S NAME		WIDOLE	LAST		15. MOTHER'S A		WE	MIODLE		- 10 - 5V.	
60	1	APOSTOLOS			FSTATHI	OU		KOLETT	A	MIGDLE		LA	31
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMAN	T		ADDRES			
		YES		-1979	027-48	-4391	APOSTOL	OS EFS	TATHIOU		5th Av ELL MA	SS 018	354
		Conditions, if any gove rise to improve to state	mediate ng the	(b)	R AS A CONSEC	over	dose -	Smal tou	hd in	hisib	ls. we	ent	
	ICATION	gove rise to im-	mediate ng the lost	DUE TO, OR	R AS A CONSEC	OVENCE OF	I NOT RELATED TO	O THE TERM	nalyel	OR COND	ITION GIVER	ant	NGS L
1	RTIFICATION	gove rise to imicouse to isotrounderlying couse PART 2. OTHER SIGN	mediate ng the e last NIFICANT C	DUE TO, OR  (c)  CONDITIONS CO	R AS A CONSECUTION FOR WHICH	OVENCE OF	DN WAS PERFORA	O THE TERM	INAL DISEASE  200 AUTOP	OR COND	ITION GIVEN 20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS L
1 2	CERTIFICAT	gove rise to improve to improve the course of the course of the course part 2. Other SIGI  19a DATE OF OPERA  21a, ACCIDENT WAS UNION CONTRIBUTING	mediate ng the lost  NIFICANT C  TION  OFFLYING  AUSE OF DEA CALEXAMINER)	DUE TO, OR  (c)  CONDITIONS CO  19b CONDITIONS  HOUR A.A.	R AS A CONSECUTION FOR WHITE FINJURY M. MONTH	OUENCE OF	21c. HOW INJU	O THE TERM	INAL DISEASE  200 AUTOP	OR COND	ITION GIVEN 20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS L
1 2	CERTIFICAT	gove rise to improve to couse to stohing the couse of the	mediate ng the e lost  NIFICANT C  TION  OFFLYING C  AUSE OF DEA CAL EXAMINER)  RED	DUE TO, OR  (c)  ONDITIONS CO  19b CONDIT  TH HOUR A.A.  21b PLACE C	R AS A CONSECUTION FOR WHITE FINJURY M. MONTH	ODEATH BUT  CH OPERATIO  DAY YEAR  23 169	21c. HOW INJU	O THE TERM	INAL DISEASE  200 AUTOP  YES ME	OR COND	ITION GIVE!  20b. IF YES, IN CERTIFY!  YES IN ITEM TB, PAR	WERE FINDI	NGS L
12	MEDICAL CERTIFICATION	gove rise to improve to couse to story underlying couse PART 2. OTHER SIGN 190. DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING 11 FEITHER, NOTIFY MEDIC 21d. INJURY OCCUR WHILE AT WORK NOTIFY AT WORK AT WOR	mediate ng the e lost  NIFICANT C  TION  OFRLYING  CAUSE OF DEA CAL EXAMINER)  RED  THILE  ORX	DUE TO, OR  (c)  19b CONDITIONS CO  19b CONDITIONS  TH HOUR 4.7  21e PLACE (AT HOME, STRI barra	FINJURY M. MONTH M. M	DUENCE OF  O DEATH BUT  CH OPERATIO  DAY YEAR  23 189  CE, FARM, ETC.)  TOWNS 1	21c. HOW INJU	O THE TERM	INAL DISEASE  200 AUTOP  YES MED (ENTER NATU	OR COND	ITION GIVE!  20b. IF YES, IN CERTIFY!  YES IN ITEM TB, PAR	WERE FINDING CAUSES	NGS L
12	CERTIFICAT	gove rise to improve the couse of the couse	mediate ng the e lost  NIFICANT C  ATION  OERLYING  CAUSE OF DEA ALEXAMINER)  RED  ORK  I this hospit	DUE TO, OR  (c)  19b CONDITIONS CO  19b CONDITIONS	FINJURY M. MONTH M. M	DUENCE OF  O DEATH BUT  CH OPERATIO  DAY YEAR  23 169  CE, FARM, ETC.)  Trews 1	21c. HOW INJU	OTHETERM MED  URY OCCURR	INAL DISEASE  200 AUTOP  YES MED (ENTER NATU	OR COND  SY?  NO   ETTY OR TOWN  THE WEST	200. IF YES, IN CERTIFYI YES IN ITEM 18, PAR	WERE FINDI ING CAUSES INT OR PART 2)	NGS L S OF D NC
12	CERTIFICAT	gove rise to improve the couse of the couse	mediate ng the e lost  NIFICANT C  TION  OERLYING CAUSE OF DEA CALEXAMINER)  RED  THILE ORK  (this hospite ed alive on.	DUE TO, OR  (c)  19b CONDITIONS CO  19b CONDITIONS	FINJURY M. MONTH M. 5  FINJURY M. MONTH M. 5  FINJURY M. 4  Ch And Ch And Ch Cecosed from	DUENCE OF  O DEATH BUT  CH OPERATIO  DAY YEAR  23 169  CE, FARM, ETC.)  Trews 1	21c. HOW INJU	OTHETERM MED  URY OCCURR	INAL DISEASE  200 AUTOP  YES MED (ENTER NATU	OR COND  SY?  NO   ETTY OR TOWN  THE WEST	200. IF YES, IN CERTIFYI YES IN ITEM 18, PAR	WERE FINDI ING CAUSES IT I ORPART 2)	NGS LES OF D
12	CERTIFICAT	Gove rise to improve the couse of the couse	mediate ng the e lost  NIFICANT C  TION  OERLYING CAUSE OF DEA CALEXAMINER)  RED  (this hospit ed alive on, did) (did not)	DUE TO, OR  (c)  CONDITIONS CO  19b CONDIT  HOUR A. P. A.  21e PLACE  (AT PLACE STRIP  barra  tol) ottended the	FINJURY M. MONTH M. 5  FINJURY M. MONTH M. 5  FINJURY M. 4  Ch And Ch And Ch Cecosed from	DUENCE OF  O DEATH BUT  CH OPERATIO  DAY YEAR  23 169  CE, FARM, ETC.)  Trews 1	211 LOCATION STREET  and that in (my) (a)  DEGREE  ATI PH	OTHETERM MED  URY OCCURR	200 AUTOP YES MED (ENTERNATU  Ani  to deoth occurred	OR COND  ISY?  NO   THE OF INJURY  THE OF INJURY  ON the dot	20b. IF YES, IN CERTIFY YES IN ITEM 18, PAR	WERE FINDI ING CAUSES INT OR PART 2)	that (
12	CERTIFICAT	gove rise to improve the couse to stoling underlying couse  PART 2. OTHER SIGN  19a. DATE OF OPERA  21a. ACCIDENT WAS UNION CONTRIBUTING  LIFETHER, NOTIFF MEDIC  21d. INJURY OCCUR  WHILE  WHILE  AT WORK  22a. I certify that (1)  sow the decease obove, (1) (we) (2)  22b. SIGNATURE	MED ORK ITYPE OF	DUE TO, OR  (c)  CONDITIONS CO  19b CONDIT  HOUR A. P. A.  21e PLACE  (AT PLACE STRIP  barra  tol) ottended the	FINJURY M. MONTH M. M. MONTH M. M. MONTH M. M	DUENCE OF  O DEATH BUT  CH OPERATIO  DAY YEAR  23 169  CE, FARM, ETC.)  Trews 1	21c. HOW INJU	OTHETERM MED  URY OCCURR  19 79 our) opinion of the state	INAL DISEASE  200 AUTOP  YES MED (ENTER NATU  And  And  And  And  MEDICAL	OR COND  SY?  NO  RE OF INJURY  CITY OR TOWN  ON the dot  STAFF  PHYSICI.  USAF	206. IF YES, IN CERTIFYI YES IN ITEM 18, PAR  AFB, In ond hour of	were FINDI ING CAUSES ING CAUSES INT I OR PART 2) COUNTY	that (

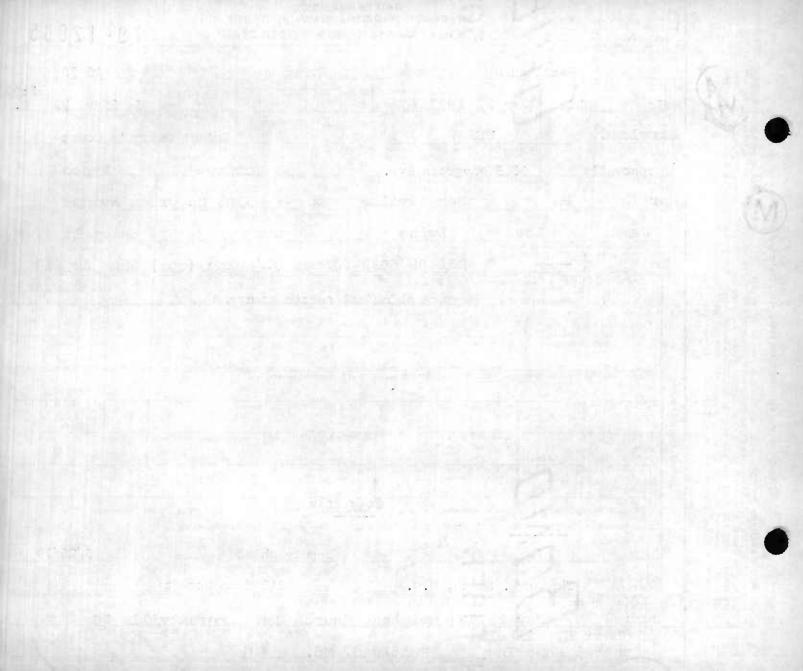
DHMH - 16 50M 7/ (VR A 15 (4))

588551	0.7						
2017	EST 23, 1979	COTHES		TMT	101007		
		9567 /S Z	St. lung	SIZL	Anno.		
	e succe contain x			/AEJ			
1,020	LAIRCEART SECHALIS	DICAL CHARGE	ando M	OTO ANDLES	THEA	2 N. DIGIA	
Eds on , 555	MANAGE TORK MUNICIPAL		Viceins at	i samuan u	PRINC	MATTER	
		TOTOL P	002.63	M.a.=T	ROJOS.	720.44	
santo a	NA HITO AZ DOTHUNET LINE DESCRIPTION DE L'ANNE L'AN	APORTONE I	1.929-36-7	150 / 255	ater	a T	
		Tayan	20 10 100				
			ASSES.				
dor als er							
E-200 10	THE CROSS DRAW MEDICAL SERVICES OF THE CONTROL OF T	NOT THE		MAJ, LEME,		SEUR	
	San a litawan - yan:	temos nusi			1.61		
			A DO S DO	1 1 1 1 1 1 1 1	· Brans	. 724	

N W		FOR					AARYLAND	IVCIENE			
P	- STATE			MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. 70.9 - 1 2 8 6 4							
(a)		REGISTRAR CEASED NAME	FIRST	7712	MIDDLE	TER 3	IAST		REG. NO	MONTH DA	Y YEAR 25 HOLLR
2 4 5 5 E		E OR PRINTI	JAMES	HARRY	EPPS			OF	ESTI- H MATED	MAY]5	79 26 HOUR
NECESSARY, PLEASE FUNERAL DIRECTOR. FOR YOUR FILES.	3. SE)	4.	RACE	5. DATE OF BIRTH	YEAR 6. AGE (IN Y	DAY) MONT	DER 1 YR. IF UNDER	MIN. PRONO	UNCED	MONTH DA	Y YEAR 2d HOUR
AR Y YOU TON Y		RTHPLACE (STATE	WHITE	AUG. 18		rs.		DE	Ma IMORE CITY OF	v 15	19 79710PM
O RES	FO FO	REIGN COUNTRY)	L ON		HAI COUNTRY?		ED NEVER MARR	IED 📙	IMORE CITTO	K COUNTY OF	DEATH
ZE GAT		A		USA		WIDOV		ED PRT	NCE GE	ORGES	MD.
SEE SEE	Andrews Air Force			11. NAME OF HOS	USA    WIDOWED   DIVORCED   PRINCE GEORGI  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   126. USUAL OCCUPATION (TYPE OF WORK    WIDOWED   DIVORCED   PRINCE GEORGI  126. USUAL OCCUPATION (TYPE OF WORK    FOR MOST OF WORKING LIFE   Aerospace Engine					OF WORK 12b	or industry Fed. Gov't
IF ANY DELAY IS NECE AND 3 TO THE FUNE SHOULD BE FILED THE FORDS, 301 W PR							ospital	Aerosp	pace Eng	gineer	Fed. Gov't
	13a. S		13b. COUN		13c. CITY OR TOWN Camp Spr		13d. INSIDE CITY LIMITS?	13e STREET ADD	ress Joyce I	rive	
		ATHER'S NAME			1 1		15. MOTHER'S MAIDE				
A PS S S S S S S S S S S S S S S S S S S	Benjamin			MIDDLE	Epps		Omie				Williams
I., BALTIMORE, OURS AFTER DE 18. GNE PAGE. 18. WITH FORM IT. PORM IT. PORM IT. PORM IT. PORM IT. PUISION OR.		VAS DECEASED		MED FORCES? WAR OR DATES)	16b. SOCIAL SECURI		17. INFORMANT		6207ESSJ	oyce D	rive
		You	WWI		254-18-8	124	Patricia	M. Epps	Camp S	prings	. Md.
W. W. W. DIV		18. CAUSE OF	DEATH (Enter on TH WAS CAUSE	ly one couse per ling	for (o), (lin), and (c).)	•	ardiove			0.5	APPROXIMATE INTERVAL
TAL RECORDS, 301 W. PRESTON ST., I HOULD BE EXECUTED WITHIN 24 HOU FHEF MEDICAL EXAMINER ALONG V USED AS A BURIAL-RANSIT PERMIT OF HEALTH AND MENTAL HYGENE, D AL, CREMATION, OR REMOVAL.	Z	gove tise couse (o) st lying couse	, if ony, which to immediate toting the <u>under</u> lost.	(c)		OF OF					
	CERTIFICATION	19a. DATE OF C	PERATION	19b. CONDI	TION FOR WHICH OPE	RATION W	'AS PERFORMED?			2D.	. AUTOPSY?
VITAL SHOOL ORD ORD ORD ORD TI OF TI OF TI OF	Ĭ.	1 457		50 At 140							YES NO
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOU EXECUTE THE CERTIFICATE, WRITING THE WORD. PAGE A SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USING PAGE 3 SHOULD P		21ª EXTERNAL UNDERLYING CONTRIBUTING	CAUSE WAS OR CAUSE OF I		MONTH DAY YEA	R 21c. H	OW INJURY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 18 P	ART I OR PART 2)	
	MEDICAL	21d. INJURY OC WHILE AT WORK		STREET FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION	CITY OR	TOWN	COUNTY	STATE
		276. I certify that I took charge of the remains the ribed above, held on Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Notural courses Accident , Suicide , Homicide , Undetermined monner , TITLE (SPECIFY)  ACTUAL SIGNATURE									
PATO PATO	23a. B	URIAL, CREMATIO	ON, REMOVAL 2	23b. DATE	23c. NAME OF CI	METERY C	R CREMATORY	23d. LOCATION	1	Mdounty20	0022 STATE
1704	1.	Buri	al	5/19/79			Cemetery	Ather	ns	G	eorgia
DHMH-17 20M 1/73 (VR A15 ME (5))		JNERAL DIRECT		ADDRESS	6160 Oxor	Hil.	Rd. 25a. DATE	REC'D. BY REGIST	RAM IST REGIS	#AF FIGN	TURE
(+1. ×1.5 ME (5))	Ge	orge P.	Kalas F	uneral Ho	me Oxon H:	lll, I	Id. MAY 21	1919	7		

1 10

A PART SALES SELECT Make a series of the later was a second of the later to the l Sympathic Manager AND THE PROPERTY OF THE PARTY O The state of the s



STATE OF MARYLAND

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

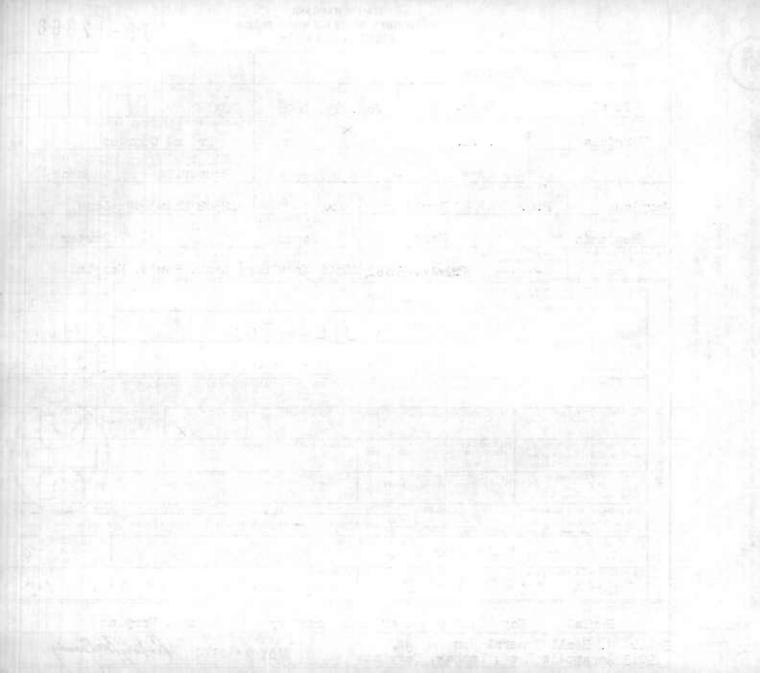
79-12867

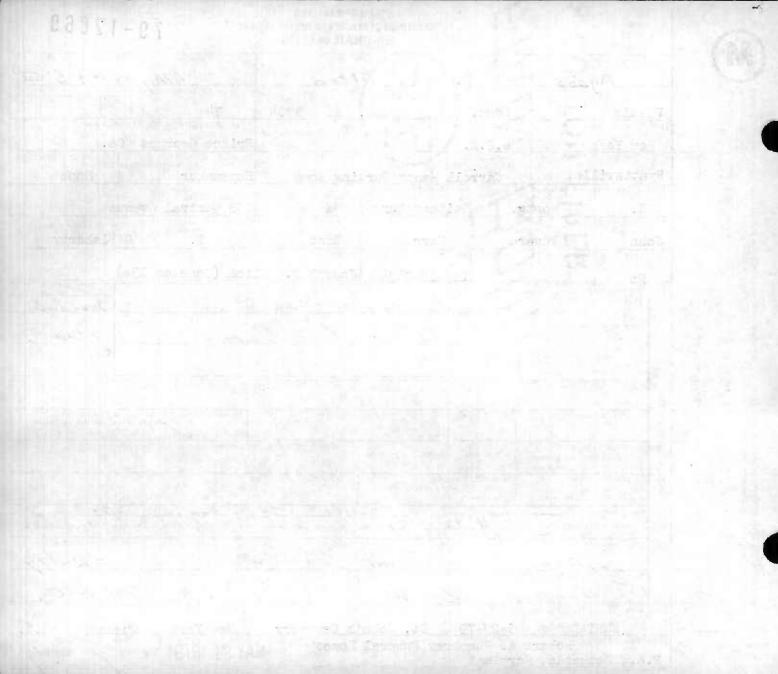
	1 -	REGISTRAR			, DET MAIN		CATE OF DEATH	REG. N	1 0	120		
		CEASED NAME	FIRST		AIDDLE	LA		20 DATE OF DEATH	MONTH DA		26 HOUR	
			JOSEPH	AN	GELO	FAC	CI	May	23,1979	)	8.30 P	
	3. SE	X		4. RACE		5 DATE O	FBIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS	
		Male		Ca	uc.	Aug	. 14, 1893	85	YRS	ONTHS DAYS	HOURS MIN	
	7a BI	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
17		Italy			U.S.A.	WIDOWE		Prince G	eorges	Co.	MD	
7,	10 C	ITY OR TOWN OF	DEATH	11. NAME OF	OSPITAL, NURSIN	NG HOME O	ROTHER INSTITUTION	12a USUAL OCCUPAT		126 KIND	OF BUSINESS OR	
(3)		Lanham	/		H FACILITY, GIVE STREET S Hospita		Pr. Geo. Co.	Economist			Nations	
11	USU,	AL RESIDENCE (IF	NURSING HOME OF	OTHER INSTITUTION.	GIVE RESIDENCE BEFOR	E ADMISSION)		13e STREET ADDRESS				
13		irginia		xandria	Alexandi		13d INSIDE CITY LIMITS? YES [X] NO [	203 Yoaki	ım Park	CWAV		
2.		THER'S NAME					15. MOTHER'S MAIDEN N	AME				
01		FIRST	Angelo	MIDDLE	Facci		Judith	WIDDLE	Oliver	i.	ř	
0	16a V	VAS DECEASED E	VER IN U.S. AR	MED FORCES?	166 SOCIAL SECL	JRITY NO.	17 INFORMANT	ADDR	ESS	Alexan	ndria	
5		no	(# 123, 014	e en en en			Mary Marton,	203 Yoakum	Parkwa	v. Vir	ginia	
		IR CAUSE OF D	FATH (Enter or	ly one couse per	line (mag), the gr		4 11				IMATE INTERVAL ONSET AND DEATH	
		PART I. DEATH WAS CAUSED BY										
9		IMMEDIATE CAUSE (O)										
		0/6	de .	DUE TO, OI	R AS A CONSEQUI	ENCE OF	TEO!					
		Conditions, if gove rise to		(b)	1-00	- Cong	, au					
		couse (o), s		DUE TO, OI	R AS A CONSECU	ENCE OF	-1.					
				(c)			200-0-5					
	CERTIFICATION	PART 2. OTHER	SIGNIFICANT	CONDITIONS <u>CC</u>	> 1 4 7	DEATH BUT I	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVE	N IN PART 16	a	
4	CAT	14s DATE OF OP	ERATION	1% CONDI	TION FOR WHALH	OPERATION	WAS PERFORMED	0a AUTOPSY?		WERE FINDING CAUSES		
4	116							YES NOT	YES		NO []	
6	CER	210. ACCIDENT WA		110110 4		VEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	IRY IN ITEM 18, PAI	RT 1 OR PART 2)		
7	AL	OR CONTRIBUTING	CAUSE OF DEA	(17)	M. MONTH D.	AY YEAR						
	MEDICAL	21d. INJURY OC		21e PLACE	OF INJURY		21f LOCATION	THE REST OF		717		
	W	WHILE N	OT WHILE	(AT HOME, STR	EET, FACTORY, OFFICE, I	FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE	
				tol) ottended the	e deceased from_	17	- (2 19 7	V. to 5 . 2	57	979	that (De) last	
				2 - 5		79 . on	that in (my) (our) opinio	n death accurred an the c	late and haur			
	-	77k SIGNATURE	ve) (Gid) (did no	it) view the bady	atter death.	0	EGREE			22c. DATE	SIGNED	
						a T	ATTENDING PHYSICIAN	MEDICAL STA		5%	24/79	
		274 PHYSICIAN	S NAME ITHE O	A PRINCIL			22e. ADDRESS	Z DIRECTOR PHISI	LIAN	/-	1	
1				- OV	ON A O	work	099 4	2 Dong	4.0	Rol	lunda	
1	230	IIIDAL GREEN	ON DEMO				U 330	- 1224 LOCATION	110	, ,		
	(	SURIAL, CREMATI					METERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE	
		Crematio		May25,	1979 Met	ropol	itan Cremato		la, Vi	rginia	2	
	24.JR	O THE CIC	R Beall	Funeral	Home		250. DA	TE REC'D. BY REGISTRAF	256. REGISTA	ARS SIGNED	Unknow	
		9013 Ann	apolis	noad, La	anham, Ma	arylan	Mand	N. 9) OT IA. A			N. /	

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2a DATE OF DEATH (TYPE OR PRINT) Virginia FARTS MAY 16, 1979 2:50A HELEN 4 RACE 3 SEX 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAYS Female Cauc. Jan. 23, 1896 70. BIRTHPLACE STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) U.S.A. Virginia Prince Georges WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CIENCT IN SUCH EACHLITY GIVE STREET ACCRESS! Housewife none T.ANHAM DOCTORS' HOSPITAL OF P.G. COUNTY BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13g. STATE 136 COUNTY 13c. CITY OR TOWN 136 INSIDE CITY LIMITS? 13e. STREET ADDRESS place 12502 Knowledge Lane Jarvland P.G. Bowie YES 💢 NO [ 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Fannie Benjamin Mark Porter 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANTJAMES B. FARIS DDRESS (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 12502 Knowledge Lane, Bowie, Maryland no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for 1a), (b), and (c) PART I. DEATH WAS CAUSED BY PRESTON ST. IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF MELLIJUS Canditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (o), stoting the EMPHYSEMA underlying couse DIVISION OF VITAL RECORDS, 201 5 CERTIFICATION Mentol Hygiene prior 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO YES sho 71g. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK of Heolth 220.1 certify that (1) (this hospital) attended the deceased from 5-15sow the deceased alive on\_ and that in (my) (and opinion death occurred on the date and hour and from the causes stated Dept. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF Should be detowith the State [ PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS RACETRACK RD. BOWIE, MD 23d LOCATION 23c, NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Suitland, Maryland (SPECIFY) STATE Cedar Hill Cemetery Burial 250 DATE REC'D. BY REGISTRAR 251 EGISTRAR'S SIGNATURE RODERAL DIRECTOR Beall Funeral Home ADDRESS AD DHMH - 16 50M 1/76 (VR A 15 (4)) 9013 Annapolis Road, Lanham, Maryland





Gasch's Sons F.H. P.A. Hyattsville, Md.

FOR

REGISTRAR

- STATE

(VRA 15, 4) 7/7B

STATE OF MARYLAND

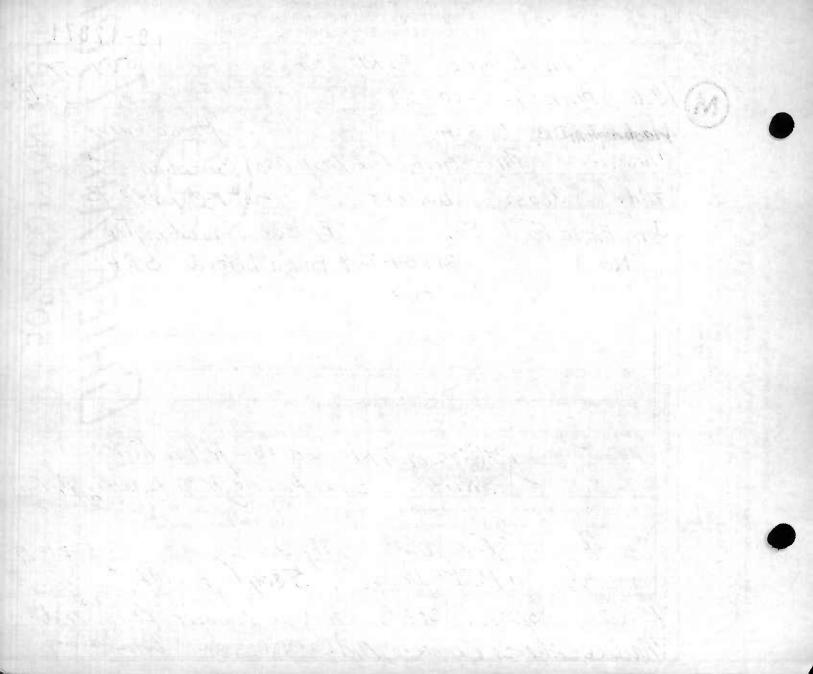
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

STATE

D (#12) - 5 .

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED DEAD 66 b. CITIZEN OF WHAT COUNTRY? BALUMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED [ DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS 13d. INSIDE CITY LIMITS? OF VITAL 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST LAST FORM EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 7. INFORMANT DIVISION WITH FO (YES, NO, OR JINKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF AND MENTAL HY BURIAL-TRANSIT Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ALTH A CERTIFICATION USED 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF DEPARTMENT OF PRIOR TO BURIAL, YES [ NO [ BE 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD U OR UNDERLYING MEDICAL 0 CONTRIBUTING CAUSE OF DEAT 21e PLACE OF INJURY 21d. INJURY OCCURRED (AT HOME 211, LOCATION FORWARDED AT WORK AT WHILE TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNCTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PRI APTORY, FARM STC 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Accident 2 death resulted fram: Natural causes Suicide Hamicide Undetermined manner TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 73c. NAME OF CEMETERY OR CREMATORY DHMH-17 20M 1/73 24. FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE (VR A15 ME (5))



evicu ffi nob . E &

· L L

Tyre Caloff Dogway . The true, Res as Estad J.

V TOYNE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME To. DATE KNOWN X (TYPE OR PRINT) OF ESTI-PEGGY FOWLER DEATH MATED Ann 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS YEAR 12:00 DATE PRONOUNCED female white Aug. 25, 1950 28 DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Prince George's County Washington, D.C. DIVORCED B CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Prince George so Hospital FOR MOST OF WORKING LIFE) Clerk Grocery Store Cheverly ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Marlow Hgts. 4809 St. Barnabas Road Maryland P.G. Co. NO [ 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE P. Carpenter Hammett Margaret Joseph 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 579-68-7291 Same as # 13. No None Joseph A. Hammett APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY Shotgun wound of chest (12 gauge) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B. AUTOPSY? E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURIAL, 9 YES X7 71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOR shot by assailant MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME, AT WORK AT WHILE 4809 St. Barnabas Rd. Temple Hill, Maryland frontvard Autapsy XX 220. I certify that I taok charge of the remains described above, held an Inspection and in my apinian XX Undetermined manner death resulted fram Natural causes TITLE (SPECIFY) 5/29/79 ACTUAL Assistant MEDICAL EXAMINER DATE TO MEDICAL E EXECUTE THE O PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA SIGNATURE SIGNED Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 230 BURIAL CREMATION REMOVAL 23b. DATE 73r. NAME OF CEMETERY OR CREMATORY SPECIFY) Brentwood, P.G. Co., Maryland Burial Ft. Lincoln Cemetery 250. DATE REGID BY BEGISTRAR 36 REGISTRAL 74. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Riverdale, Maryland Chambers Funeral Home 15M 7/76

Parylend 2.11.00. Complete and the compl

double A Description A Message A Message A

Trong - Trong Tought A. Hersett Hard and Jags.

the latest we call the latest the latest

andre E. Leyott, I.I. Cili com bucca

Strategies Statement Home - NVAriable, Programme

79-12843

DHMH - 16 60M 7/73

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	79	-12	874
		CEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR
	(IIII	ETI	A	L	F	RANKLAND	- 2	05 1	9 79	8:45 AM
	3 SE		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	~/ -	IF UNDER 1 YEAR	IF UNDER 24 HRS
		femalė	whit	е	Apr	il 7, 1895	84	YRS.	MONTHS DAYS	HOURS MIN
96		RTHPLACE (STATE OR FOREIGN OUNTRY) Wisconsin	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY		
74	10. CITY OR TOWN OF DEATH		11. NAME OF (IF NOT IN SUI	11. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		R OTHER INSTITUTION	PRINCE GEORGES  126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE  178 KINDUS  17			ND OF BUSINESS OR TRY Ome
35	USUZ	AL RESIDENCE (IF NURSING HOME) TATE 136 CC	PRINCE E OR OTHER INSTITUTION DUNTY Georges		E ADMISSION)	AL HOSPITAL  13d. INSIDE CITY LIMITS?  YES \( \text{NO} \( \text{NO} \)	136. STREET ADDRESS 9735 Wic			
60	14. FA	THER'S NAME FIRST Henry Mo	Pherson	LAST		15. MOTHER'S MAIDEN NA			Unkno	)wn
1		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR			
		no	0	578 28 8	8424	Donna King	Colleg	ge Parl	k, Md.	
	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	(b)		ENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	0	EN IN PART 110	Après no
9	CERTIFICATION	190. DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, IN CERTIFY YES	, WERE FINDIN YING CAUSES	NGS USED / OF DEATH?
9		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PA	ART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	vN	COUNTY	STATE
		22a. I certify the (1) (this hospital) attended the deceased from 19.75, to 3/19, 19.79, that (1) (ve) sow the deceased alive on 5/18, 19.79, and that in (my) auxiliarity opinion death occurred on the date and hour and from the causes stated above. (1) (ve) (did (did not) view the body after death.								
		226. SIGNATURE HOW	0 1	,	M.	PHYSICIAN	MEDICAL STAIL DIRECTOR PHYSIC	FF JIAN 🗌	22c. DATE	SIGNED
1		CESAR S	PRIANO	TR.		C1.	CAPITOL PITOL HE16		MP Z	2VD.
	(5	URIAL, CREMATION, REMOV SPECIFY)  Burial				ton National	23d LOCATION CITY OR TOWN Arlington	//		Va
		INERAL DIRECTOR Some	ns P A 1	iyattsvil	le, Me	250. DA	MAYO 284 3E 997749	256. REGISTR	RAESSIGNATI	Meridy

The fill of the same of the sa

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME TROUBLE DIE LAST ELECTROPHICAL CONC KNOWN MAY 2a. DATE (TYPE OR PRINT) ESTI-DEATH MATED 1979 S. DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR 1979 PRONOUNCED -28-39 DEAD 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR BALLIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) South Carolina WIDOWED DIVORCED United States 10. CITY OR TOWN OF DEATH 126. KIND OF BUSINESS IT NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Power Section Primce George General Hospital G.P.O. Cheverly SHOULD BE USUAL RESIDENCE (IF IN NURSING, MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 2905 Pomeroy Rd., S.E. Wash., D.C. YES X NO [] VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE AND Luther Van Van Guren Alma Murray FORM O. 6a WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS G WITH IN DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579 50 2206 Joyce Frederick-2905 Pomeroy RdSE#30 CAUSE OF DEATH (Enter only one couse positine for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH tour religion condid las well discesse PART I DEATH WAS CAUSED BY: ENTAL HYGIENE, IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 301 AND MEDICAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 4 CERTIFICATION USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF DEPARTMENT OF PRIOR TO BURIAL, NO BE 21a. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) DOULD HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 19 TIE PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE A SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 213 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection death resulted from: Notural coures Accident Homicide Suicide Undetermined monner EXAMINER'S NAM (TYPE OR PRINT) Vill Co 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Lincoln Memorial Cem. Suitland, Maryland Burial DHMH-17 20M 1/73 24. FUNERAL DI (VR A15 ME (5)) Pennsylvania Ave. S.E

ALEETS .A REFUL

Prof. P. you

8 1 2 1 2 1

aesas a Basini — milionga isaca

Charles A william to the state of

Chevelry Prime George Conswil North Power Section - 7.2.0.

Vash., ".C. x 200 Poweroy De., s.E.

Latiner Pan War Street Alice Street

(Borral - Barling - Barlela Memorial Cas, Baltiana, Haryland

ALEXARDER 6. POPE COL PERMANASARILL Ave. 15. R.

79-12877 STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME TYPE OR PRINT May 19, 1979 Ruth Elizabeth Gasch 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5 DATE OF BIRTH IF UNDER I YEAR White Female 1910 68 BALTIMORE CITY OR COUNTY OF DEATH 10. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Wash. D.C. Prince Georges USA WIDOWED DIVORCED 18. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
Funeral Director FuneralHome (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Cheverly Prince George's Gwn'l Hosp MARYLAND 21201 USUAL RESIDENCE, HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS
4733 Baltimore Ave. 13a STATE 136 COUNTY HVALLEVILLE 13d INSIDE CITY LIMITS? filled auld t Md. YES X NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Duley MIDDLE William Na. Ruth E. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT

Address Same as (YES, NO OR UNKNOWN) (#FYES, GIVE WAR OR DATES) William F. Gasch (Husband) No# 13e. 218-30-2755 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (D DUE TO, OR AS & CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID

190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? YES [

CERTIFICATION 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21d INJURY OCCURRED 218. PLACE OF INJURY 211 LOCATION

CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from ind that (in (my) our) opinion death accurred on the date and four and from the causes stated

220 DATE SIGNED 226. SIGNA DEGREE ATTENDING /MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME TYPE OF PRILE 22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN Ft. Lincoln Cemetery 5-23-79 Burial Brentwood

24 FUNERAL DIRECTOR Francis Gasch's Sons, PA Hyattsville, Md.

(did not) view the body ofter death

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

P.G.

26 HOUR

DAYS

Howlin

STATE

Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

9 300

TO FUNE should be with the S

80

DIVISION OF VITAL RECORDS,

16.6	1, 1 s	30	est Ass	£2,53	11-44
		0191 .8			cla c
. 6	i ce a e			100	.D.C .danv
or remeraling	enaeral Dieneże	geo l'as	ella's sca	eo ir	Cheverly
• Ave	ers satteore	x	ttsville	gara an a	M. M.
will woil	.0	da mil	'MLLEJ'	40.00	en i. e z i
Address Same	(Manael) seal	William P.	8-30-2765		No.
	18 6				

STATE OF MARYLAND 9-128 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2n DATE OF DEATH 1. DECEASED NAME MONTH 25 HOUR (TYPE OR PRINT) Cole Francis Geary 3 SEX 4 RACE 6 AGE (IN YEARS UST BIRTHDAY) 5 DATE OF BIRTH DAYS HOURS To BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH U.S.A. Prince Georges Mass. 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY 1 notogian HE NURSING HOME OR OTHER INSTITUTION 13a STATE 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE FIRST LAST Patrick F. Geary Ella G. Cole ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) (Wife) Same as Louis S. Gearv 18 CAUSE OF DEATH (Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOR 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F YES 21a ACCIDENT WAS UNDERLYING 715 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION ŏ 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceosed olive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated et) view the body ofter death Dept. DEGREE 22c. DATE SIGNED ATTENDING 4 MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS should be Southern 23a BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY Clinton, Maryland Resurrection Cem. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Leer Funeral Home Inc. DHMH - 16 60M 1/75 6633 Old Alexander Ferry Rd. Clinton, Md. (VRA 15 (4))

RT851-87 Tila G. Cole went of the BE Branch (alt) years . Photos - C to the Heart straff and to the Anglal 15/25/79 susured on dem. Lithmon, loss I at ... Let muser L south 191. bidd ald designer laws Dil Dilmon, id. FOR

REGISTRAR

- STATE

DIVISION OF VITAL RECORDS,

DHMH - 16 50M 1/76 (VR A 15 (4))

434 Ga. Ave. S.S.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

9-12880

STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

M

STATE OF MARYLAND

\$8881-21 The state of the s 

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-17883

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST 2a. DATE OF DEATH DECEASED NAME HTHOM 2h HOUR TYPE OR PRINTS Luther Golden May 3 SEX 4. RACE 5. DATE OF BIRTH AGE LINYEARS LAST BIRTHDAY IF UNDER 24 HR MONTH YEAR DAYS HOURS Male 1903 White November 2 7a. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Virginia DIVORCED [] Prince George's County WIDOWEDT IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Prince George's General Hospital Cheverly Carpenter Carpentry USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Hyattsville YES T NO 5313 Emerson Street G. Co. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE W. Golden Hawkins James Mary ADDRESS Beltsville. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) TYES NO OR UNKNOWNI 220-10-5462 Beatrice Johnson 11421 Emack Rd. Maryland No None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY RESPIRATORY ARREIT 2 DAVI IMMEDIATE CAUSE OR AS A CONSEQUENCE OF OBSTRUCTIVE LYNG DISERS BOMIC Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? NOK

CITY OR TOWN

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

23d. LOCATION

8

20b, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

COUNTY

OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER)

above, (1) (we) (did) (did not) view the body ofter death

HOUR A.M. MONTH DAY P.M 21a PLACE OF INJURY

YEAR 19 211, LOCATION

STATE

21d. INJURY OCCURRED NOT WHILE AT WORK AT WORK 220.1 certify that (1) this

19a DATE OF OPERATION

210 ACCIDENT WAS UNDERLYING

sow the deceased alive on

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) hospital) attended the deceased from

216. TIME OF INJURY

DEGREE

ATTENDING MEDICAL STAFF

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

224 PHYSICIAN'S NAME TYPE OF PRINTS

CERTIFICATION

MEDICAL

FOR

22e ADDRESS

Fort Lincoln Cemetery

23c NAME OF CEMETERY OR CREMATORY

PHYSICIAN TO DIRECTOR PHYSICIAN

May 23, 1979

Burial

24 FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL

22b. SIGNATURE

Dr. K. Joseph Mathew, M.D.

3700 East - West Hwy. Hyattsville, Maryland

COUNTY

STATE

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

Riverdale, Maryland Chambers Funeral Home

23b. DATE

Brentwood, P.G. Co., Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

80031-21				
100:3 107:42 (.33 est.	leaden washin		restari	
	Cold (S tober)	ntini.	ntex	
comico m'espect comimi	x	.1.6.0	Vielus aintell	
and inguis 1 (restingue) 1	(ethnot imp	ithe. Te mue's de	(Love V	
# \$23.2 market # \$252.2				
er was la	Viet.	447.215.77	.IT is a sound	
mon 1147 Panel Mt. Parylaid	0 2	000	CITC'.	
EXPLANATION OF THE PROPERTY OF	A STATE OF THE STA			
i ( , , , , , , , , , , , , , , , , , ,				
net E. Rassallte, M., Le	- 000 007		Ter. K. Joseph Lin	
r Traction, s.c. co., Eest	rirco, dispers	- C12 - 1 - 1 - 1	Jarret .	
	first;	o sirroria o	de decimina excellent	9 3

## STATE OF MARYLAND

	1 -	STATE REGISTRAR	DE	CERTIFICATE OF DEATH  REG. NO.  MIDDLE  LAST  LA						
		CEASED NAME FIRST	Virg	Virginia GOOD		5/28/79		YEAR	1 PM M	
	3. SEX	emale	4. RACE white	5. DATE C		6 AGE (IN YEARS LAST BIRTHDA	MONTH	DER I YEAR	IF UNDER 24 HRS HOURS MIN.	
70. BIRTHPLACE ISTATE OR FOREIGN VIrginia			US A	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY OR COUNTY OF DEATH Pro Georges County			MD	
3	F	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IE NOT IN SUCH FACILITY, GIV LELAND MEM	ORIAL HO	SPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Housew	ORKING LIFE) IN	L KIND O NDUSTRY Hom	F BUSINESS OR	
E	13o S	Md Pro			13d. INSIDE CITY LIMITS? YES NO -	13e STREET ADDRESS 3400 41th	ave,	•		
0		THER'S NAME FIRST  John Fr	M -		15. MOTHER'S MAIDEN NA	MIDDLE (Las	st Name	Unkı		
		VAS DECEASED EVER IN U.S. (1F YES,	GIVE WAR OR DATES)	26 2607	Bruce K Good	ADDRESS I Jr New Car			MAYE INYERVAL	
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CORDOVARY ARTERY DISEASE  Conditions, if ony, which gove rise to immediate cause (a). stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF FALIURE  DUE TO, OR AS A CONSEQUENCE OF FALIURE  CONCESTIVE HEART FALIURE  DUE TO, OR AS A CONSEQUENCE OF FALIURE								
	LION	RHEU	7 17 1 - 1 - 77	RTHRI	TIS					
7	CERTIFICATION	19a. Date of operation	19b. CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FII IN CERTIFYING CALL YES				
7	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	I ITEM 18, PART 1 C	OR PART 2)		
	WED	21d INJURY OCCURRED  WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	CC	OUNTY	STATE	
		sow the deceased alive above, (1) (we) (did) (did	ospitol) ottended the deceosed on	19.79 ,01	nd that in (my) (our) opinion	deoth occurred on the date		from the		
		22b. SIGNATURE	Sinal	m,		MEDICAL STAFF DIRECTOR   PHYSICIAL	NO	5, 2	9.79	
	13	22d. PHYSICIAN'S NAME (TY		1	TOD EAS	TWEST HIC	SHYLAY	#1	20	

DHMH - 16 50M 1/76 (VR A 15 (4))

23a. BURIAŁ, CREMATION, REMOVAL (SPECIFY) Burial May 31, 1979

23c. NAME OF CEMETERY OR CREMATORY Ft Lincoln Cemetery

23d LOCATION CHYPOTOWN Brentwood Pro Georges

STATE Md.

24 FUNERAL DIRECTOR F. Gasch's Sons P A Hyattsville, Md.

			aleni (f	and the
	an Falmer 17			of seed
	100 200 100 100 100 200 100 100			As a statement of
		water in	sie cant	Etagevi'
	Level - Ith Party		real of beautiful	
(nyonan)	in Crist Knie			real most
15 66 76	mortforms on all for	oko manu moko		
	32 11197			
			5-4	
			7.77	
		AND ADDRESS OF THE PARTY OF THE		

W. attiement - Vanta Albard V

Mag .	0,011,011,000		in the same	
women.				
		furl weath alan man		pind manin
1 10 mm 1 mm 2	his holds I.			
	a orden			at Man file
• ^ / 0	T Markson - June .D .	The second of the second		
	neolacha - drose	vozdazeS Innospe		
		et Aller problem int storens immert, en	Innave V	
		in the second		
41.09		Car Stanza	ç	
	ent carrie bino est	Street T		Terrors.

79-12886 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2h. HOUR 05-22-79 9:30PM IF UNGER I YEAR IF UNIOER 24 HRS HOURS

STATE OF MARYLAND

BALTIMORE CITY OR COUNTY OF DEATH

INDUSTRY

PRINCE GEORGE'S COUNTY

12h KIND OF BUSINESS OR

Home

Rotoschimsv

same as blk

COUNTY

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

NO [

YES [

STATE

22c. DATE SIGNED

STATE Md.

**DHMH-16 20M** (VRA 15, 4) 7/78

24 FUNERALD Hill

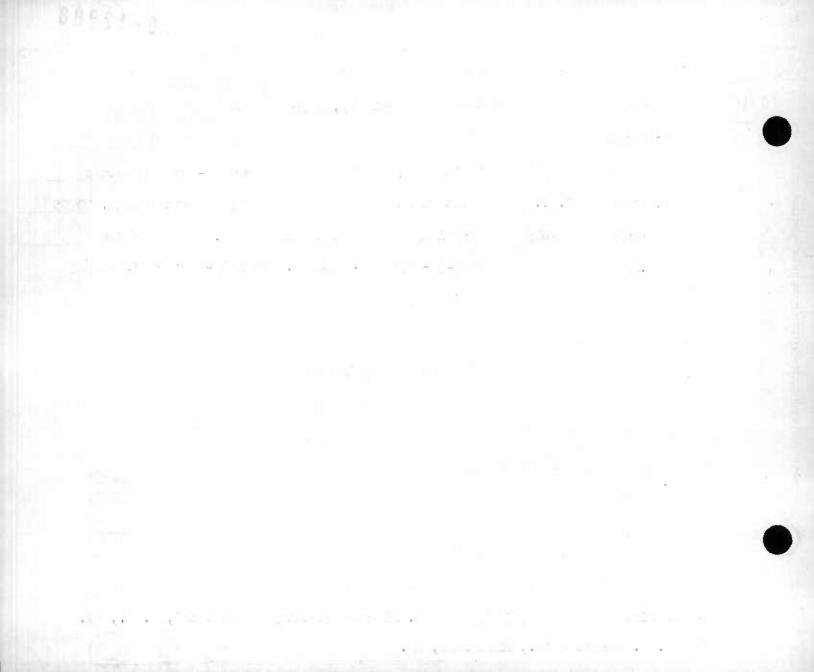
FOR

- STATE

_	_	-	-
ne	67	00	
KE	CT	UK	
١.			
sc	111	nd	1.5

-Baker Funeral Home, Salisbury, Md.

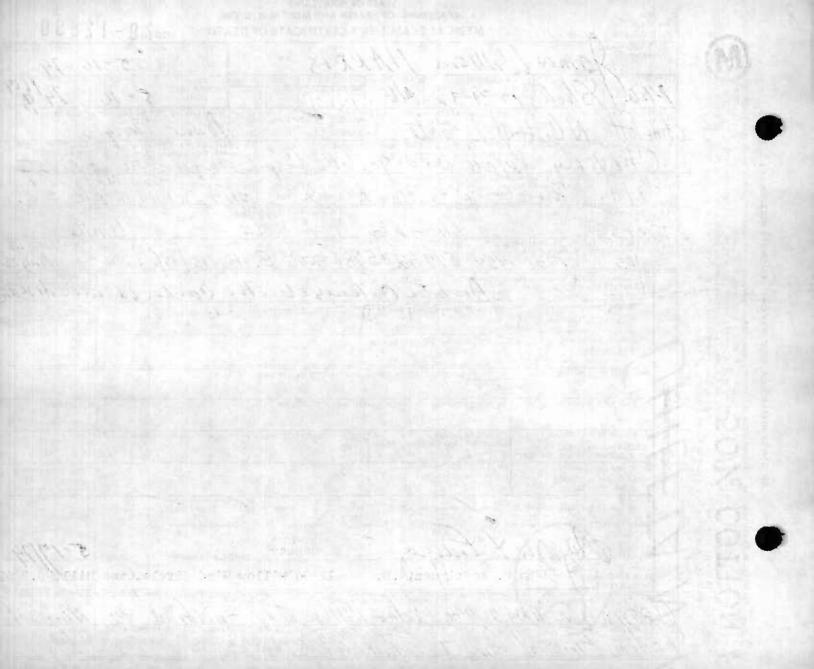
		1.	FOR STATE REGISTRAR			IT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	BIENE REG. NO	79-	1288	3 8
ge 3 eoth			CEASED NAME FIRST OR PRINTI	V LeRO	HARI	) ISTY			05 27	YEAR 79	26. HOUR F
M)		3. SE.	Male	RACE Caucasian		DATE OF MONTH	OAY YEAR	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
within 72 fied of once.	15	M	aryland	USA	COUNTRY?	MARRIED /IDOWED	NEVER MARRIED	PRINCE GEO	R COUNTY O		M
by the fu filled with notified	4	CI		11. NAME OF HOSPIT (IF NOT IN SUCH FACILIT PRINCE GEOF	RGE S GE	RESS) ENERA		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Foreman-Dr	F WORKING LIFE)	INDUSTRY	F BUSINESS OR
ly filled in by the should be filed iner must be notified.	3.5	13o. 3 <b>Ma</b> .	AL RESIDENCE (# NURSING HOME OR STATE 136 COUNTY P. G	TY 13c. CI	TY OR TOWN	9	34 INSIDE CITY LIMITS?	130 STREET ADDRESS 4613 Garre	tt Aver	ue, 20	0705
omplete ond 2	20		John Ro		rdisty		S MOTHER'S MAIDEN NA	I.		ora.	r
g physicion and co onpapers. Pages I emoval.	1		VAS DECEASED EVER IN U.S. AR/ (ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES!	7-32-363		Harriet L. H	ardisty-Sam		**	13
hos been signed by the ottending permit. Then please remove corbo ene prior to buriol, cremotion, or re woo yn injury, or other troumotic enemals.	2	CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A  (c)	UTING TO DEA	TH BUT N		111 to S  AINAL DISEASE OR CONI  200 AUTOPSY?  YES \( \text{NO P\$\$}	20b. IF YES. W	VERE FINDIN	IGS USED
s certificate has I burial-transit perr Mental Hygiene p ir Item 18 shows a	9		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			YEAR	21c HOW INJURY OCCUR				NO []
of the bur of the ond Me morked or It		MEDICAL	21d INJURY OCCURRED  WHILE ONE WHILE OF AT WORK	21e PLACE OF INJU (AT HOME, STREET, FAC			211 LOCATION STREET	CITY OR TO	/N	COUNTY	STATE
AL DIRECTOR: detoched for us ote Dept of He IT: If Hem 21 is			22a L certify that (I) (this hospit saw the deceased alive on above, (I) (we) (did) (did not 22b. SIGNATURE	view the body ofter d	19 7	1 . 0110	that in (my) (our) opinion  EGREE  ATTENDING PHYSICIAN [	MEDICAL STAI	F		
TO FUNERAL should be dete with the Stote IMPORTANT: I	1	73a I	228 PHYSICIAN SNAME (TYPE OF	PRINTI L23b DATE	73, NAA	AF OF CE	220 ADDRESS Poince Geographics METERY OR CREMATORY	CRS GRAD	ral t	tosp	ital
P		B	urial	5/31/79			oln Cemetery	Brentwoo	- (	Md.	1 0
DHMH-16 20M (VRA 15, 4) 7/78	- 1	24. FI	We Chambers C	o., Riverda	ile, Md.		25a. DAT	E RECO BY REGISTRAN	M. REGISTRA	BASIGNAD	URE Cready

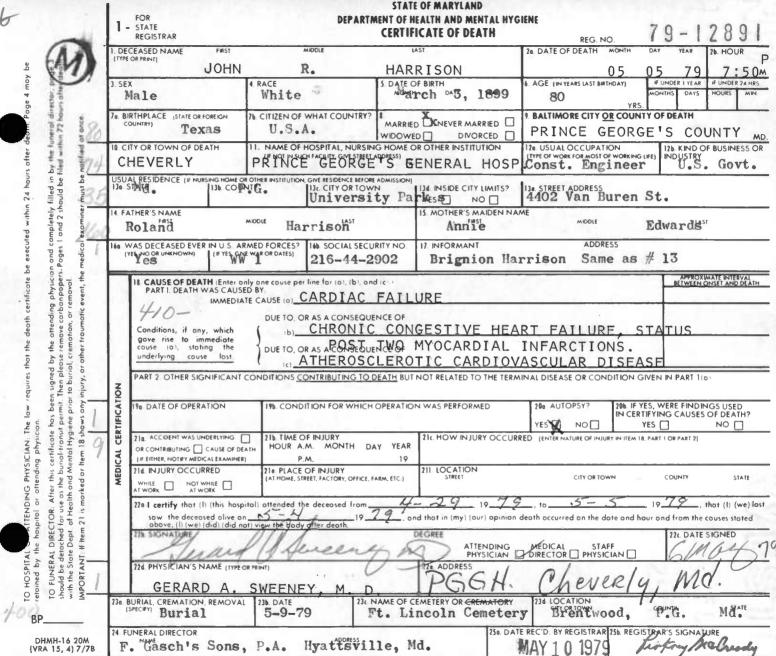


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE PRONOUNCED DEAD ALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA WIDOWED Cheverly 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Prince George's Gen'l Hospital FOR MOST OF WORKING LIFE)
Student School Florence Phillip Harris Dietrich OF 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 7. INFORMANT ADDRESS (YES, NO OR UNKNOWN) Phillip W. Harris (Father same as 13e CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Main Alova Canditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 210. EXTERNAL CAUSE WA 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR HOMOAM, MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH 21f. LOCATION AT WORK AT WHILE TO MEDICAL EXAMINER: 1
EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE ST
BATTIMORE, MARYLAND, 213. 22a. I certify that I took charge of the remains described above, held a Homicide death resulted fram: Notural coures Undetermined monner 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION /14 Terre Haute, Vigo Highland Lawn Cemetery 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR, 256. REGISTRAR'S SIGNATURE DHMH-17 20M 1/73 (VR A15 ME (5)) Francis Gasch's Sons, PAPRES Hyattsville, Md.

The service of the services that the service of the services o The transfer of the same of th A THE STREET STREET STREET promption from being land to the to the to the same The first of the first of the second section of the sec Pharmayer There's 17 Marie 6/25 8/4 May 10/2 10/3 May 10/2 10/3 The market with the second of the property of the property of The latest the latest

0		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
P	1-	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. 409 = 128	90
(00)	1. DE	ECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN CONNINT DAY	TEAR 26. HOUR
(IAI)	(ITP	DEATH MATED 19	79 M
a w x x x	3 SEX	S DATE OF BIRTH MONTH DAY YEAR LIMIT PHOLON MONTH DAY YEAR LIMIT PHOLON MONTH DAY WONTHS DAYS HOURS MIN PRONOUNCED	70 1/34
SARY, IL DIR YOUN TON	70.81	BIRTHPLACE ISLATE OR 176. CITIZEN OF WHAT COUNTRY? 8 9: BALTIMORE CITY OF COUNTY OF DEAL	7 9-M
NECESSARY, P FUNERAL DIREC 5 FOR YOUR D, WITHIN 72 H W. PRESTON 51	fo	COREGO OULTER MARRIED NEVER MARRIED WARRIED	
AY IS NE FUS OF FILED, V 301 W.	10. CI	CITY OR TOWN OF DEATH / III NAME OF HOSPITAL, MURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF W. A. 12b. KIND O	OF BUSINESS
DELAY IS TO THE PAGE BE FILED DS, 301 V	(	ALVERY (IF IN NURSING HOME OR OTHER PASTILITION, GIVE RESIDENCE BEFORE ADMISSION)  PARTIE OF WORKING LIFE)  PRINTING  PRINTING	vate_
21201 IF ANY DELV. 2, AND 3 TO 3. RETAIN P SHOULD BE IL RECORDS,		STATE do 13th County 13th County 12th Coun	52.
AD, 2, 2, 2, 2, 2, 2, 3, 3, 4, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	14. F.A	APHTER'S NAME    15. MOTHER'S MAIDEN NAME	
MORE, A	16 1	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS AND SUIT	Hartast
DURS AFTER DE GOURS AFTER DE B. GIVE PAGE. WITH FORM DIVISION OF DIVISION OF	(Y	(YES, NO, OR UNKNOWN) (11 F YES, GIVE WAR OR DATES) 4 577 52 45 18 GRACE E, Harris [wife 12116 Space	ilding SE
OURS OURS TB. G TI. PA		18 CAUSE OF DEATH (Enter anly ane cause per the far (a), (b), and (c).)  APPROX	XIMATE INTERVAL
ON ST., 24 HOI ITEM 18 IONG PERMIT.		IMMEDIATE CAUSE (a) The MARKET CARRETTE SECTION SECTION CONTRACTOR	MICH
W. PRESTON D WITHIN 24 ENCIL IN TER ENCIL IN TER TRANSIT PER REMOVAL.	21	Conditions, if any, which	
ED WITH PENCIL CAMINE CAMINE CAMINE REMOTE REFORM THE REMOTE REFORM THE REFOR		gave rise to immediate (b)	
CUTED IN PERIOD ALL EXALL OR PERIOD ALL OR P		lying cause last.	
ITAL RECORDS, 301 W. PRESTON ST., I SHOULD BE EXECUTED WITHIN 24 HOURD BY PENDING" IN PENCIL IN ITEM 18, EUSED AS A BURALITRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, DAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
ECORDS D BE EXI ENDING MEDICA AS A B SALTH A EMATIO	NOL		
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXERTING THE WORD "PENDING" RDED TO THE CHIEF MEDICALE TO SHOULD BE USED AS A BE OFFARRMENT OF HEATTH AND PRIOR TO BURIAL, CREMATION	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD: RDED TO THE CHIE E 3 SAUUD BE USI E 12 SAROUD BE USI F PRIOR TO BURIAL, C	ERTI	21g EXTERNAL CAUSE WAS 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
ON O IFICA TO TI TO TI TOULT			
VISIC CERTI TING DED 1 3 SH 3 SH DEPA	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
DIVIS  R: THIS CER  TE, WRITING  S: PAGE 3:  S: TATE DEF  21201 PRIC	2	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  AT WORK  STREET, FACTORY, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY	37712
FR: T FORV FORY F P F ST		226. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my apinion	
MAIN FECTO TH TH		death resulted from: Natural causes . Accident ., Suicide ., Hamicide Undetermined manner,	
EXA CER DUID DUIR MARY		ACTUAL DEPUTY MEDICAL EXAMINED DATE	147/70
SHCAL SHC ERAL EATH		MEDICAL EXAMINER SIGNED	11/1
TO MEDICAL EXAMINER: 1 - EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE SI BALTIMORE, MARYLAND, 21		Examiners Name Augusto P. Rodrighez M.D. 12800 Willow Wind Circle, Oxon Hill	L,Md. 2002
PACT PACT	230.8	BURIAL CREMATION REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CHY OR TOWN	) STATE/ /
82401 BP	(	MINERA DIRECTOR 1250, DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE	1/and
DHMH - 17 (VR A15 ME (5))	V	All March Coness For Plant Wash De MAY 28 1979 Profing Recht	ody
15M7/77		WILL I WHELL KING AND PLINE WAS DE MINI TO 1919	/





FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-17892

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	10 120	
	1. DEC	CEASED NAME FIRST	M	IDDLE L	AST	20. DATE OF DEATH MON	TH DAY YEAR	26. HOUR
	(TYPE	ORPRINT)	A O	n 4	LAVI AND	.5	- 30 79	11 "
	3. SEX		4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	Y) IF UNDER I YEAR	IF UNDER 24 HRS
		F	Car	MONTH	DAY YEAR	94	MONTHS DAYS	HOURS MIN.
4	7a BII	RTHPLACE (STATE OR FOREIGN	7h. CITIZEN OF V	VHAT COUNTRY? 8		9 BALTIMORE CITY OR C		
D		DUNTRY	- (/	SA MARRIEI WIDOWE		PRINCE GE	ORRES	MD.
D	10. CT	TY OR TOWN OF DEATH		OSPITAL, NURSING HOME C		120 USUAL OCCUPATION	126. KIND C	OF BUSINESS OR
90	To	RESTUILLE	AT CEAL	FACILITY, GIVE STREET ADDRESS)	G HOME	Housewif		
10		AL RESIDENCE (IF NURSING HOME O		GIVE RESIDENCE BEFORE ADMISSION)				
3.4	130. 5	TATE 136 COU		Suitland	YES NO [	13e STREET ADDRESS 2410 White	hall C+r	oot
	14 FA	Md. I	2.G. 1	Bulliana	15. MOTHER'S MAIDEN NA		hall Str	eec
,	_	FIRST	MIDDLE	LAST	FIRST	MIDDLE	i As	ST
(01)		ames		Viland  16b. SOCIAL SECURITY NO.	Agnes	andton ADDRESS	Bridget	
1		VAS DECEASED EVER IN U.S. AF	E WAR OR DATES		17 INFORMANT Da	agricer		
		No		Unknown	Ann R. Wynn	, Same as A	bove	IN TEINTEDVAL
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per l	for (a), (b), and (c)	.1:4	2-11	BETWEEN	ONSETAND DEATH
	-		TE CAUSE 191	1-101	esperato	my Jack	re	day
		7070	DUE TO, OR	S A CONSEQUÊNCE OF	41	4 7	1 0	0
		Conditions, if any, which gove rise to immediate	(b)	nolnu	with y	honero	~ ~	mo
	1	couse (o), stoting the underlying couse lost	DUE TO, OR	AS A CONSEQUENCE OF	clensine	Occulitie	Mes	3200
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE JERM	INAL DISEASE OR CONDITI	ON GIVEN IN PART II	01 1 1
	O.	ar	terco	selevote	a Corebro	- Vasculor	disease of	Similate
9	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED		Ib. IF YES, WERE FIND II CERTIFYING CAUSES YES	
a	ERT	210 ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN		
1	¥	OR CONTRIBUTING CAUSE OF DE	ALII	A. MONTH DAY YEAR				
	MEDIC	21d INJURY OCCURRED	21e PLACE C	OF INJURY	211. LOCATION			
	¥	WHILE NOT WHILE AT WORK	(AT HOME, STRE	EET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
		22a.   certify that (I) (this hasp	ital) attended the	deceased from 3	-1 1979	_, to_5-20	1979	that (I) (we) lost
		sow the deceased alive or above, (1) (we) (did) (did no	5/2	19 79 or	nd that in (my) (our) opinion	death accurred on the date of	and hour and from the	couses stated
		22b. SIGNATURE	or view the oddy		DEGREE	/	22c. DATE	SIGNED /
		Mehrin	Show	enckin	ATTENDING PHYSICIAN	MEDICAL STAFF	10 5/	21/9
		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS			11
1		KELVIN	6.1	MINCHIN	6188 0XE	NHILL	Rd Ox	DNHILL
		BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE TC
		Cremation	5-21-	79 Cedar	Hill Cremat	ory Suitlan	d, P.G.,	Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR RObt E Wilhelm, DDRES 4308 Suitland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Funeral Home Rd., Suitland, Md.

20821-07-5 60 79 11 LOTTA MERCHAND Cames 12 25 84 94 Course Los A - X Butte Georges FORESTILLE KEGELMY NILES NO HONE HOLLEY HOLLEY HOLLEY tong a linder into old to a to a fine and it is a to the contract of the contr 

RIVERDALE LELAND MENORIAL HOSPITAL EDUCATION

page 3

1		S.
5_	FOR 1 - STATE	DEPARTMENT (

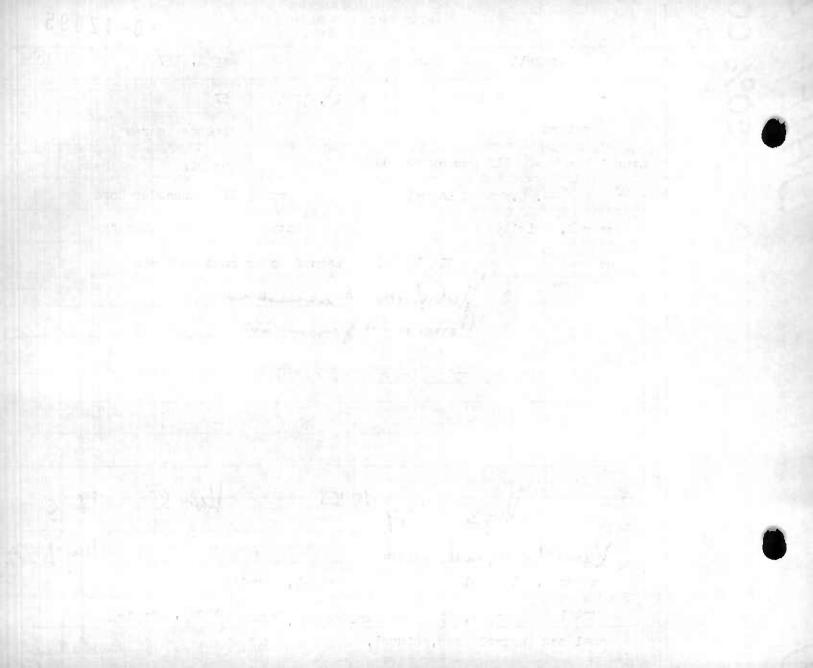
## TATE OF MARYLAND OF HEALTH AND MENTAL HYGIENE

7	q	-	1	7	8	9	4
	J		Į.	6	V	V	

		REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO	0. 13	- 12	0 0	
		CEASED NAME	FIRST		MIDDLE	t	AST	Park I	20 DATE OF	DEATH /	MONTH DA	AY YEAR	26. HOU	IR
	(1117)	Le	Roy		Α.	1	Hitte		Ma	ay	19	1979	2:	P .,
	3. SE)	K		4 RACE		5. DATE C			6 AGE (IN YE	ARS LAST BIRTH		IF UNDER 1 YEAR	IF UNDER	
		Male		Whi	te	June	-	1920	58	3	YRS.	ONTHS DAYS	HOURS	MIN
	7a BII	RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	K) NEVED	MARRIED [	9 BALTIMO	RE CITY OF	R COUNTY C	OF DEATH		
4		sh., D.	C.	U	SA	WIDOWE		NORCED [	Prir	ice G	George	e's		MD.
	10 CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN	G HOME C		TITUTION	12a. USUAL C	OCCUPATIO		126. KIND O	BUSINE	
0	S	Suitland			East Ave				Manac		- Liqu	uor St	ore	
	USU A	AL RESIDENCE (IF NURS	ING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		124 INISIDE	CITY LIMITS?	13e STREET A	DDBESS				1
5		Md.	P.	-	Suitla		YES X	NO [			t Aver	nue		
	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER	'S MAIDEN NAM	ME	MIDDLE		LAST		
00	M	ilton	L.	MIDDLE	Hitte			Edna		-	aters	EASI	- 32	
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	ANT		ADDRES	SS	144-1-		
		es		.II	577-20-	5700	Albe	rta C.	Hitte	, Wi	ife, S	Same a	s A	bove
		18. CAUSE OF DEAT			line far (a), (b), and	(c)		. P.				APPROXIE BETWEEN O	AATE INTER	DEATH .
		PART I. DEATH W		D BY TE CAUSE (a)	Circle	ses a	e Th	eter	er					
Η		5715			R AS A CONSEQUE	NCE OF			-50	TRUE I				
		Conditions, if ony,		(b)_							6330			
		gove rise to imm couse (a), statin		DUE TO O	R AS A CONSEQUE	NCE OF			littis.		9.15%			70.50
		underlying couse	last.	(c)										200
		PART 2. OTHER SIGN	VIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE	OR CONE	OITION GIVE	N IN PART 1 to	1	
	CERTIFICATION									21.				
2	ICAI	19a. DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	DRMED	20a AUTO	PSY?	206. IF YES,	WERE FINDIN	GS USER	H?
	RTIF							219	YES 🗌	NO	YES		NO [	
9		21a. ACCIDENT WAS UND	-	216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW II	NJURY OCCURR	RED (ENTER NAT	URE OF INJURY	Y IN ITEM 18, PAR	RT 1 OR PART 2)		
	CAL	(IF EITHER, NOTIFY MEDIC		P.,		19						TILLE		
	MEDICAL	21d INJURY OCCURE		21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211. LOCAT	ON		CITY OR TOW	N	COUNTY	ST	ATE
		AT WORK AT WO	RK					A BOOK		1,15				
		220.1 certify that (1)		Charles Inc.		10	1-24	_, 19_7	, ta	may	20_19	. /	hat (I) (v	
3		sow the decease abave, (Milwe) (c	d olive on did (did no	rying the backy	ofter death.	/		) (o <del>ot) o</del> pinion o	death occurred	I on the do	ite and hour o			oted
		22b. SIGNATUR	0.	7.11			DEGREE	ATTENDING	MEDICAL	STAF	c	22c. DATE S	1-79	
		AF	in	124	lay			PHYSICIAN [	LOTRECTOR [	PHYSICI	IAN 🗌			
		22d. PHYSICIAN'S NA		_	1		22e. ADDRE	old Si	. Su	itla	ind, M	Maryla	nd	
		Dr. John	г.	Shay	0		5509				. Rd.,			
16	230 B	URIAL, CREMATION,	REMOVAL	23b. DATE				CREMATORY	23d. LOCA CITY OR	TOWN	C	COUNTY	STA	ATE
		Burial		5-24-				Cemete	ery Bl	airs	town,	New	Jer	sey
	24 FU	ineral directoro	bt E		Lm Appres 430	18 St	uitlar , Md.	nd 250 DATE	V O A 10	GISTRAR 2	256. REGISTRA	AR'S SIGNATI	IRE	
	-	WICTUI II	One	Rd	., butt.	Land	, Hu.	m/A	11 44 13	3/3	mary of the	77700	-	

DHMH-16 50M7/77 (VR A 15 (4))

79-12894				
			The second	
	din prestan	11.4		
27-12-1				
			mea	
	A STATE OF THE PARTY OF THE PAR	A Said Hit-13		



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST I DECEASED NAME 20 DATE OF DEATH MONTH YEAR 2b. HOUR I TYPE OR PRINT) HOFFSON 197 11:05PELAINE MAY S. DATE OF BIRTH 1 21 91 5 4 RACE IF UNDER I YEAR 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS SEPTEMBER FEMALE WHITE 63 O BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY PRINCE GEORGES COUNTY U.S.A. TEXAS WIDOWED DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION ANDREWS OF ATTR 12b. KIND OF BUSINESS OR FED GOVT (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TTYPE OF WORK FOR MOST OF WORKING LIFE MALCOLM GROW USAF CIVEL SERV MEDICAL FORCE BASE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 130 COUNTY PRINCE (CITY OR TOWN 13e STREET ADDRESS filled ould b 13d. INSIDE CITY LIMITS? MARYLAND 5005 RAYBURN COURT GEORGES CAMP SPGS 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME etel 12 FIRST MIDDLE LAST CONEST (D) MIDDLE JUANITA JOHN HENRY THOMAS (D) ADDRESS POQUOSON VA In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT I (IF YES, GIVE WAR OR DATES! 449-05-8142 ARTHUR T. HOFFSON #5 COWLES ST. NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIORESPIRATORY ARREST IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF METASTATIC CARCINOMA 18 MONTHS Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ď IN CERTIFYING CAUSES OF DEATH? rial-transit per ental Hygiene NOD YES [ NO | 216 TIME OF INJURY 211. HOW INJURY OCCURRED | JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 Me 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE MAT MAY 220.1 certify that (1) (this haspital) attended the deceased from the deceased alive an MAY and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 771 SIGNATURE Dept 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 100 2 MAY 79 MEDICAL CENTER Se 22d PHYSICIAN'S NAME ITYPE OR PRINT 220 ADDRESSMALCOLM GROW USAF ld b MARYLAND20331 USAF, MCANDREWS AIR FORCE BASE, MARTIN T. RUSSO, CAPT, 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial -4 - 79Arlington Natl. Cen Arlington, Virginia 4308 Suitland 250. Date REC'D. BY REGISTRAR 256. REGISTRAR SSIGNAL 24 FUNERAL DIRECTOR RObt E Wilhelm DHMH - 16 50M 7/77 19719 (VR A 15 (4)) Rd., Suitland, Md. Funeral Home



13/16/ 1	LA	, 033 7 10 12 1	UE Y		HALLARI	
	6.0		17. 3			
ALTHOO ST	July 10ming	Á		. 4. 6. 0		Charle L
TADS CRA	CIVIL SIRV		TABU NON	3 1.100		a a de la laca
Tajus )	William Conc		2543 9	مدده قرائد	. i . : dr.J.j	11444 2000
(0) ivon		ATT ALLE.	(U) SAIM	Hi.	14/14	Mot
. Te taux	ou Doc-mottu	A . F SURTAL	2-05-8142			On
	16	MATA YNOTAM	Seinolun	4.4		
	AMOATSAA	Jiiniania.				
	X					
7.9	YAN I	7 7 7 Y	\\	YAN	į.	
AND MADIUM	EASU WOND II.					
MARYMAN	FORCH PASE.	San anakanan	A. 1.35 .	rand.	verba a	MILIANIE

MAY STAN

		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
4 24	THE	RITA	EVA	HOLMES	0	5 06 79 1:00P
to and	3 SE	X	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	
(AA)	F	emale	Caucasian	10 01 22 1921	-57 57 56	YRS
(IVI) \$75		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
	10.00	Pennsylvania ITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED	Prince Ge	orges County
the state of the s			(IF NOT IN SUCH FACILITY, GIVE		TYPE OF WORK FOR MOST O	
hauri di in tri		Linton AL RESIDENCE (IF NURSING HOME OR		yland Hospital Center	House wife	at home
iy filled shauld b	13a S	STATE 136 COUN	ITY 13c CITY OF	R TOWN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	2167
F 7-4 9	_	THER'S NAME	5 Harlat	15 MOTHER'S MAIDEN NA	Rt. 2 Box	2167
complete		Frank	Pino io 7	tti Francis	MIDDLE	Couloigner
d compes l or		VAS DECEASED EVER IN U.S. AR		SECURITY NO 17 INFORMANT	ADDRE	4
n ond co		(IF YES, GIVE	WAR OR DATES)	03-4384 Lawrence E.	Holnes Rt. 2.	Box 2167/ 20646
cate b sysicio apers. oval. nt, the		18 CAUSE OF DEATH (Enter on	ly one couse per line for (o), (			APPROXIMATE INTERVA
phy proposition pages proposition proposit		PART I. DEATH WAS CAUSE IMMEDIAT	D BY: E CAUSE (0) Myou	arded orfaction		
ath cert ending carboi n, ar rei matic er		411-	DUE TO, OR AS A CONS		The same of	
death attend ove co		Conditions, if any, which	( ,p)	SEGULACE OF P		
the em		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS			
that the d by the lease ren lot, crem		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONS	seouence of		
ines that the gned by the in please rer buriol, crem	z	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONS		minal disease or coni	DITION GIVEN IN PART 110
equires that the in signed by the Then please rer i to buriol, crem injury, or other	VIION	gove rise to immediate couse (a), stating the underlying couse lost  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONS	SEQUENCE OF G TO DEATH BUT NOT RELATED TO THE TERM		
e low requires that the n. os been signed by the perior to buriol, crem ws any injury, or other	FICATION	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONS	seouence of	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
e low requires that the n. os been signed by the perior to buriol, crem ws any injury, or other	ERTIFICATION	gove rise to immediate couse (of, stating the underlying couse lost  PART 2. OTHER SIGNIFICANT COUNTY OF THE COUNTY OF T	DUE TO, OR AS A CONSTITUTION ON DITIONS CONTRIBUTING PUBLISHED TO THE CONDITION FOR W	SEQUENCE OF  G TO DEATH BUT NOT RELATED TO THE TERM  WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES \( \text{NO}\)
JAN: The low requires that the physicion.  Histore has been signed by the Litransit permit. Then please rerial Hygiene prior to buriol, cremm 18 shows any injury, or other	AL CERTIFICATION	gove rise to immediate couse (of, stating the underlying couse lost part 2. OTHER SIGNIFICANT OF COURT OF OPERATION  21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA	DUE TO, OR AS A CONSTITUTION OF THE PROPERTY O	SEQUENCE OF  G TO DEATH BUT NOT RELATED TO THE TERM  WHICH OPERATION WAS PERFORMED  216, HOW INJURY OCCUR	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES \( \text{NO}\)
1YSICIAN: The low requires that the ding physicion. Is certificate has been signed by the buriol-transit permit. Then please rer Mental Hygiene prior to buriol, cremor them 18 shows any injury, or other		gove rise to immediate couse (of, stating the underlying couse lost part 2. OTHER SIGNIFICANT COLORS 19a DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSTITUTION ON DITIONS CONTRIBUTION FOR WITH HOUR A.M. MONTH P.M.  216. PLACE OF INJURY	SEQUENCE OF  G TO DEATH BUT NOT RELATED TO THE TERM  VHICH OPERATION WAS PERFORMED  216. HOW INJURY OCCUR  19 211. LOCATION	208 AUTOPSY?  YES NOTER NATURE OF INJURE OF IN	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 1
G PHYSICIAN: The low requires that the attending physician.  er this certificate has been signed by the the buriol-transit permit. Then please rer and Mental Hygiene prior to buriol, cremited or them 18 shows any injury, or other	MEDICAL CERTIFICATION	gove rise to immediate couse (of, stating the underlying couse lost part 2. OTHER SIGNIFICANT COUNTY OF THE SIGNIFICANT OF CONTROL OF CONTROL OF CONTROL OF COUNTY OF	DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING  196 CONDITION FOR W  196 CONDITION FOR W  TH  HOUR A.M. MONTE  P.M.	SEQUENCE OF  G TO DEATH BUT NOT RELATED TO THE TERM  VHICH OPERATION WAS PERFORMED  216. HOW INJURY OCCUR  19 211. LOCATION	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 1
DING PHYSICIAN: The low requires that the or attending physicion.  After this certificate has been signed by the se as the buriol-transit permit. Then please reriolth and Mental Hygiene prior ta buriol, cremmorked or them 18 shows any injury, or other		gove rise to immediate couse (of, stating the underlying couse lost part 2. OTHER SIGNIFICANT CONFIDENCE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	DUE TO, OR AS A CONSTITUTION ON DITIONS CONTRIBUTION FOR WITH HOUR AM. MONTH HOUR AM. MONTH P.M.  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, CO.)	SEQUENCE OF  G TO DEATH BUT NOT RELATED TO THE TERM  VHICH OPERATION WAS PERFORMED  1216. HOW INJURY OCCUR 19 211. LOCATION STREET	208 AUTOPSY?  YES NOTER NATURE OF INJURE OF IN	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 1 19 IN ITEM 18, PART 1 OR PART 2)  YOU COUNTY STAT
DING PHYSICIAN: The low requires that the or attending physicion.  After this certificate has been signed by the se as the buriol-transit permit. Then please reriolth and Mental Hygiene prior ta buriol, cremmorked or them 18 shows any injury, or other		gove rise to immediate couse (of, stating the underlying couse lost underlying couse lost lost lost lost lost lost lost lost	DUE TO, OR AS A CONSIGNATION OF THE PLACE OF INJURY (AT HOME, STREET, FACTORY, CONTRIBUTION) of the ded of the deceased for the power of the power o	SEQUENCE OF  G TO DEATH BUT NOT RELATED TO THE TERM  WHICH OPERATION WAS PERFORMED  121c. HOW INJURY OCCUR  19  211. LOCATION  STREET  17  18  19  19  10  11  11  12  11  12  13  14  15  15  16  17  18  19  18  19	208 AUTOPSY?  YES NOW RED (ENTER NATURE OF INJUR  CITY OR TOW	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 19 IN ITEM 18, PART 1 OR PART 2)  YOU COUNTY STAT
DING PHYSICIAN: The low requires that the or attending physicion.  After this certificate has been signed by the se as the buriol-transit permit. Then please reriolth and Mental Hygiene prior ta buriol, cremmorked or them 18 shows any injury, or other		gove rise to immediate couse (of, stating the underlying couse lost)  PART 2. OTHER SIGNIFICANT OF COURSE OF OPERATION  21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA IT EITHER, NOTIFY MEDICAL EXAMINER;  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22c. I certify that (1) (this hospital course of the course of	DUE TO, OR AS A CONSIGNATION OF THE PLACE OF INJURY (AT HOME, STREET, FACTORY, CONTRIBUTION) of the ded of the deceased for the power of the power o	SEQUENCE OF  G TO DEATH BUT NOT RELATED TO THE TERM  WHICH OPERATION WAS PERFORMED  121c. HOW INJURY OCCUR  19  211. LOCATION  STREET  17  18  19  19  10  11  11  12  11  12  13  14  15  15  16  17  18  19  18  19	208 AUTOPSY?  YES NOW RED (ENTER NATURE OF INJUR  CITY OR TOW	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 19 IN ITEM 18, PART 1 OR PART 2)  YOU COUNTY STAT.
ARAITENDING PHYSICIAN: The low requires that the haspital or attending physician.  URECTOR: After this certificate has been signed by the ched for use as the buriol-transit permit. Then please reriept of Health and Mental Hygiene prior to buriol, cremiten 21 is marked or item 18 shows any injury, or other		gove rise to immediate couse of stating the underlying couse lost  PART 2. OTHER SIGNIFICANT OF COURSE OF STATEMENT OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA ITHE HITMER. NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  22a. I certify that (I) (this hospin sow the deceased alive on obove, (I) (well-taked) (did no) obove, (I) (well-taked) (did no)	DUE TO, OR AS A CONSIGNATION OF THE PLACE OF INJURY (AT HOME, STREET, FACTORY, CONTRIBUTION) of the ded of the deceased for the power of the power o	SEQUENCE OF  G TO DEATH BUT NOT RELATED TO THE TERM  WHICH OPERATION WAS PERFORMED  19  211. HOW INJURY OCCUR  19  211. LOCATION  STREET  19  19  19  19  19  19  19  DEGREE  ATTENDING	200 AUTOPSY?  YES NOT	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH' YES NO ((1) (YIN ITEM 18, PART 1 OR PART 2)  YOUNG COUNTY STATE  THE ORDER OF THE COUNTY STATE  22c. DATE SIGNED
ARAITENDING PHYSICIAN: The low requires that the haspital or attending physician.  URECTOR: After this certificate has been signed by the ched for use as the buriol-transit permit. Then please reriept of Health and Mental Hygiene prior to buriol, cremiten 21 is marked or item 18 shows any injury, or other		gove rise to immediate couse of stating the underlying couse lost  PART 2. OTHER SIGNIFICANT OF COURSE OF STATEMENT OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA ITHE HITMER. NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  22a. I certify that (I) (this hospin sow the deceased alive on obove, (I) (well-taked) (did no) obove, (I) (well-taked) (did no)	DUE TO, OR AS A CONSTITUTIONS CONTRIBUTIONS CONTRIBUTIONS PROBLEM  218. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, CO.) ottended the deceosed for the contribution of the contribution o	SEQUENCE OF  G TO DEATH BUT NOT RELATED TO THE TERM  WHICH OPERATION WAS PERFORMED  19  211. HOW INJURY OCCUR  19  211. LOCATION  STREET  19  19  19  19  19  19  19  DEGREE  ATTENDING	200 AUTOPSY? YES NOT	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH' YES NO ((1) (YIN ITEM 18, PART 1 OR PART 2)  YOUNG COUNTY STATE  THE ORDER OF THE COUNTY STATE  22c. DATE SIGNED
ARAITENDING PHYSICIAN: The low requires that the haspital or attending physician.  URECTOR: After this certificate has been signed by the ched for use as the buriol-transit permit. Then please reriept of Health and Mental Hygiene prior to buriol, cremiten 21 is marked or item 18 shows any injury, or other		gove rise to immediate couse (of, stating the underlying couse lost underlying couse lost lost lost lost lost lost lost lost	DUE TO, OR AS A CONSTITUTIONS CONTRIBUTIONS CONTRIBUTIONS PROBLEM  218. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, CO.) ottended the deceosed for the contribution of the contribution o	SEQUENCE OF  G TO DEATH BUT NOT RELATED TO THE TERM  WHICH OPERATION WAS PERFORMED  H DAY YEAR  19  211. LOCATION  STREET  Prom  19  19  19  19  19  19  19  19  19  1	200 AUTOPSY?  YES NOT	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH' YES NO ((1) (YIN ITEM 18, PART 1 OR PART 2)  YOUNG COUNTY STATE  THE ORDER OF THE COUNTY STATE  22c. DATE SIGNED
A ATENDING PHYSICIAN: The low requires that the haspital or attending physician.  IRECTOR: After this certificate has been signed by the ched for use as the buriol-transit permit. Then please reriept of Health and Mental Hygiene prior to buriol, cremitem 21 is marked or item 18 shows any injury, or other	WEDICAL WEDICAL	gove rise to immediate couse (of, stating the underlying couse lost underlying couse lost lost lost lost lost lost lost lost	DUE TO, OR AS A CONSTITUTIONS CONTRIBUTIONS CONTRIBUTIONS PROBLEM  218. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, CO.) ottended the deceosed for the contribution of the contribution o	SEQUENCE OF  G TO DEATH BUT NOT RELATED TO THE TERM  WHICH OPERATION WAS PERFORMED  H DAY YEAR  19  211. LOCATION  STREET  Prom  19  19  19  19  19  19  19  19  19  1	200 AUTOPSY?  YES NOT	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH' YES NO ((1) (YIN ITEM 18, PART 1 OR PART 2)  YOUNG COUNTY STATE  THE ORDER OF THE COUNTY STATE  22c. DATE SIGNED

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) 3 SFX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HRS MONTH YEAR DAY 878 00 7a. BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED 11. NAME OF HOSPITAL, NURSING HOME (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 131 CITY OR TOWN 130 STATE 13e. STREET ADDRESS 14 FATHER'S NAME MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE 0 16a WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line far 19RELPIRA TORY PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF A THE ROYCLER OSIS. Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be YES [ NO NO [ 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (I) (this hospital) attended the deceased from\_ sow the decadesed olive on. ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated (did) (did not) view the body ofter death. 22b. SIL DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR STAFF FUNERAL DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE & PRINT 22e. ADDRESS 230. BURIAL CREMATION REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION IDLOR TOWN OUNTY 24 FUNERAL DIRECTOR DHMH - 16 60M 7/73 (VRA 15 (4))

Female 251 12921 2 1 STAR STAR SAMPHALL IL S IN THE STATE OF T desired the first of the first Market and the state of the second of the se and the state of t 4 54 17 Williams 126 1 111- 156 1 415 Bull and the state of the state SALAD SECTION OF THE PROPERTY OF STREET

10051-61

E come south

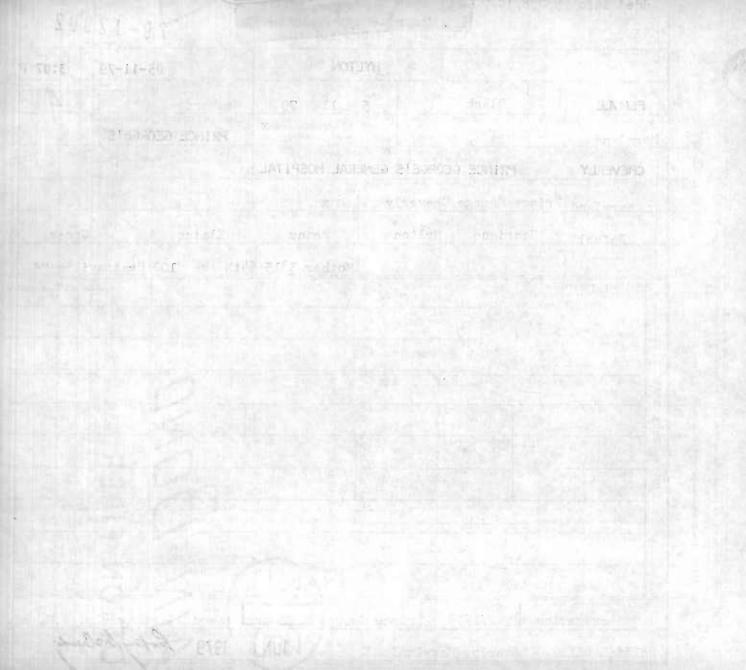
dried F. Descript Britis

Miles to the state of the state

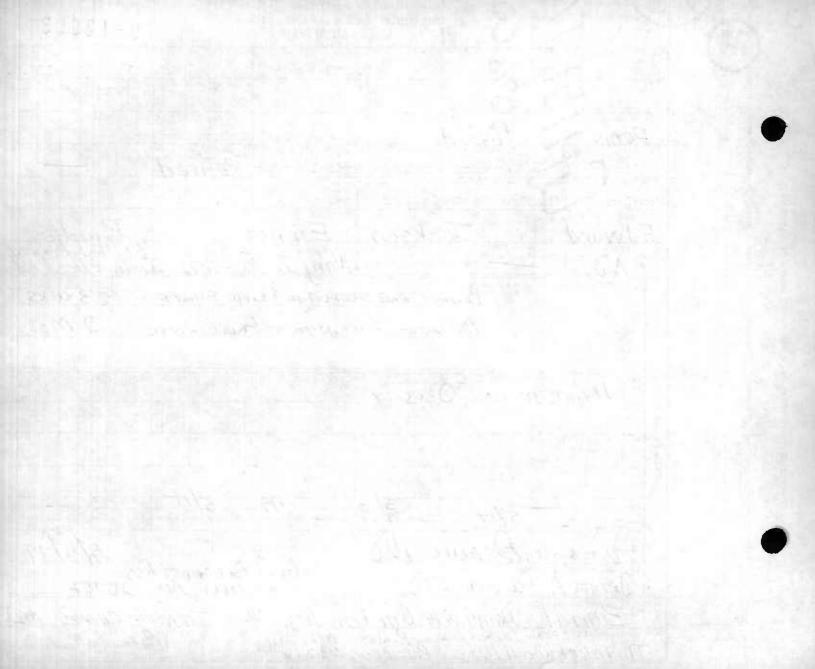
A STATE OF THE REAL PROPERTY.

terber inter the first open through the second

	18	added info g532	6/19/79 gj	STATE OF MARYLAND		
_/		FOR STATE REGISTRAR		CERTIFICATE OF DEATH	YGIENE REG. NO. 9	-12902
TOTAL I		DECEASED NAME FIRST	WIDDLE	HYLTON	20 DATE OF DEATH MONTH	11-79 26 HOUR 3:07
	3 5	EX	4 RACE	S DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOUS
The Fig.		FEM ALE	Black	5 11 79	Newborn YR	5 4
neral di	271	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  SOUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUR	
o other of by the fu- ted with		CHEVERLY	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION SET ADDRESS) S GENERAL HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	G LIFE) 126. KIND OF BUSINE
Zz hour filled in the cold be of	US 13d	STATE 136. COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)  13d INSIDE CITY LIMITS?		
25 50	14	FATHER'S NAME		15 MOTHER'S MAIDEN N		
2 11 /	00-	Rafael I	Henrique Hylt	on Penny	Elaine	Cheek
dicold	1 160	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE		ADDRESS	
Pog as	1	(IF TES, G	THE THAN OR VAIES)	Mother 3815	64th Ave #102 H	vattsville Mo
w requires that the death cer- been signed by the attending mit. Their places, remove control onto 10 binnil, commander, or re ony man'y, or other transmiss is	CERTIFICATION	Conditions, if any, which gave rise to immediate cause oi, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT			20a AUTOPSY? 20b IF	YES, WERE FINDINGS LISED
n. n. peri	9				YES NO	RTIFYING CAUSES OF DEATH
SICIAN: The physicial physicial certificate bring-transit ental Hygie fem 18 sho	1.0	OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH P.M.	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
NG PHY ottendir frer this os the bu	MEDICAL	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		CITY OR TOWN	COUNTY STA
ATTENDIFICATION SEPTING OF COTOR: A defer use of for use of Health m 21 is mg		saw the deceased alive a abave, (l) (we) (did) (did r	pital) attended the deceased from	and that in (my) (aur) opinia	an death accurred on the date and	
the horn I DIRE etocher the Dep		22b. SIGNATURE	d. Ws		MEDICAL STAFF DOIRECTOR   PHYSICIAN	221. DATE SIGNED
O HOSPI etomed b thould be should be with the Si	1		WYNER, mr		roques Gent 17	W.
1	230	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STA
OOBP_	2		6/1/79 Pr			
DHMH - 16 60M 1/73 (VR A 15 (4))		cremation FUNERAL DIRECTOR Raleigh Cline,	6/1/79 process Cheverly, Maryla	[0.15]	ATE REC'D, BY REGISTRAR 2 RES	



0	The second second					STAT	E OF MARYLAN	ID				
5	(00)	1.	FOR STATE		DEPART		EALTH AND ME		ENE	79-	179	03
	( IAS.)	1.05	REGISTRAR FASED NAME FIRST		WIDDLE		AST	AIII	REG. N		1.6	
		(TYPE	OR PRINT)		MIDULE					MONTH DAY	YEAR	26 HOUR
	2 24 4		GEORGI				KSON			05 15		5:15P.M.
	off	3 SEX		4 RACE		5 DATE C	DAY	YEAR	6 AGE (IN YEARS LAST BIR	THOAY) IF U	INDER I YEAR	IF UNDER 24 HRS
	age recto	-	Male	Black		04	22	09	70	YRS.		
	The Parce	7a. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MA	RRIED -	9 BALTIMORE CITY	<u>)R</u> COUNTY OF	DEATH	
	deort deort	1	enn.	4,5	o, H.	WIDOWE		ORCED	Prince Geo			MD.
-	by the fled with		TY OR TOWN OF DEATH	(IF NOT IN SU	HOŚPITAL, NURSII UCH FACILITY, GIVE STREET Ern Maryla	ADDRESS)			TYPE OF WORK FOR MOST	OF WORKING LIFE)	126 KIND OF	F BUSINESS OR
212	In hour	USUA 13a S	AL RESIDENCE (IF NURSING HOM	OR OTHER INSTITUTION	N, GIVE RESIDENCE BEFOR	RE ADMISSION)						
TAND	filled hould it	Ma	ryland Cha	rles	Indian He			NO X	Rt.1 Box	424		
IRY!	with letel d 2 s	14 FA	THER'S NAME FIRST	MIODLE	LAST		15. MOTHER'S A	MAIDEN NAM	MIDDLE .	7	7 185	11
X	omple lexon	F	dward		Jacks	on	Er	nma	7	at.	Srac	leu
ORE	e execu	16a V	/AS DECEASED EVER IN U.S. ES, NO OF UP KNOWN) (# YES,	ARMED FORCES?  GIVE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	·	ADDR	ROU	Hel-	Box 424,
BALTIMORE	S.Po		NO		220-28-	-6649	Mary	1.10	ICKSON	Indix	we He	ad.Hd-
BAL	hysicie poper ovol.		18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU				1	1			APPROXIA BETWEEN C	MATE INTERVAL
ST.,	g ph an p	-		IATE CAUSE TO	XLINRY TR	PACT OF	BSTRUCTIO	IN & Li	ver Failur	5	3	WKS
PRESTON	deoth ce ottendin nave carb ation, or i traumotic		1260	DUE TO,	AS A CONSEQU	ENCE ON		1			2	00 0
			Conditions, if any, which	(b)	METASTAT	ne Ut	RUNGHA	4 05 6	ALLBU DO	tR	21	nos
P.	the emergence		gove rise to immediate couse (a), stating the	DUE TO, C	DR AS A CONSEQU	ENCE OF						
5	that d by lease ral, cr		underlying couse lost	(c)_								
5, 20	gne gne bur ry, e	-	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEASE OR CON	DITION GĮVEN	IN PART 10	,
ORD	2	ē	HYPERT	ENSTON	UBER	M						1
RECORDS	s beer	CERTIFICATION	190 DATE OF OPERATION	19b CON	ITION FOR WHICH	OPERATIO	N WAS PERFORM	MED	20a AUTOPSY?	206 IF YES, W		
ALR	The le cicon. te has sift per grene grene	E E		530 100 10					YES NO	YES [		NO 🗌
VITAL	Hys IS		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		OF INJURY	AY YEAR	21c HOW INJU	JRY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	ORPART 2)	
0	SICIA ng p certif certif vental-t	CAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH	P.M.	19						
DIVISION OF	1 5 5 - 0	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC 1	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
N N		1	AT WORK AT WORK			- 1			1			
-	ENDING ral or ot DR: After r use as t Health a		220.1 certify that (I) (this he	otterded t	he deceased from_	3//3		19/1/29	_, to _5/1J		79.	that ## (we) lost
	T of of c		sow the deceased alive	not) view the bod	y ofter death	/ <del>-</del> , or	d that in (a) (or	ur) opinion d	eoth occurred on the d	ate and hour on	d from the c	ouses stated
	OR AT DIRECTORED TO DEPT. OF THE MEMORIAL TO D		22h SIGNATURE			111	DEGREE				22c. DATE S	SIGNED
	Y the y the detoch detoch rate De	`	Timesa	:180	un 1	W)	PH	ENDING Y	MEDICAL STA		5/1	179
	HOSPITAL ned by the FUNERAL old be detroped to the Stote ORTANT:		124 PHYSICIAN'S NAME (TY	PEOR PRINT)		100	220 ADDRESS	(2)	BFICKET	7/2		
	- C - C + C	(	(AMES A.	BROW	UMD U			Warn	VIII F N	25	1782	
	should with	73a. ft	URSAL CREMATION, REMOV	AL 236 DATE	23c	NAME OF C	EMETERY OR CH	EMATORY	714 LOCATION	1		aran -
	BP	13	Burial	Moule	9.1979 (	rinl	ONS /FS	WS CH	ast Ima	Iside C	HARLE	5 14/1
	DHMH - 16 60M 1/75	24. FL	NERAL DIRECTOR LEON	THORN	TON L	Route	1-Box 115	254 DATE	REC'D, BY REGISTRAR	25h GISTRAF	ES DIGNATI	)RE
	(VR A 15 (4))	-	Thornton Fur	prel Hon	ve Pon	Ion Kei	MA. 20	MAY	22 1979	leadow	Malas.	ody
				and the second name of the second	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			Carlotte Comment				



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-(reates DEATH MATED 6. AGE (IN YEARS IF LINDER 1 YR DATE OF BIRTH IF UNDER 24 HRS 3 HOU DATE PRONOUNCED DEAD To BIRTHPLACE (STATE OR 7h CITIZEN OF WHAT COUNTRYS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington D.C. USA WIDOWED DIVORCED O. CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK KIND OF BUSINESS OR INDUSTRY Cheverly Prince George General Hospital Supervisor Metro USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136. COUNTY PG Maryland Hillside 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 4817 Heath Street YESXX NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Jenkins George Jennie Dunseith M. OF (spouse) DRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES Mildred L. Jenkins Same as Yes Peacetime 705 01 6163 CAUSE OF DEATH (Enter only one cause portine for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY erro selestic CardiooVas cules distant IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which AND MENTAL gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, 301 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) V CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . NO [ PRIOR TO BURIA 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 21L LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I tank charge of the remains described above, held an Autapsy Inspection and in my opinion death resulted from: Natural coures Accident Homicide Undetermined manner Suicide ILE (SPECIFY) EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA MEDICAL EXAMINER EXAMINER'S NAME - LIGHTS TO 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION Burial May29,79 2600 Cedar Hill Cemetery Suitland Br. Geo Md DHMH-17 20M 1/73 24 FUNEROBETT E. Wilhelmess 250. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE (VR A15 ME (5)) Funeral Home Inc. Suitland, Md

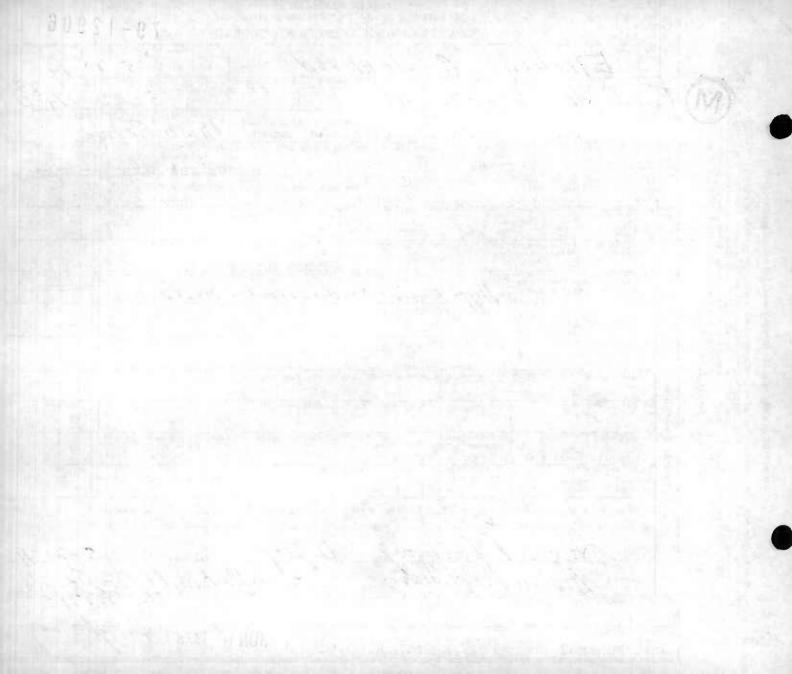
10-12901 Course I all the Market and the Course of th Posts Roll In a second like the a source formation of the rest in the second the same of the sa

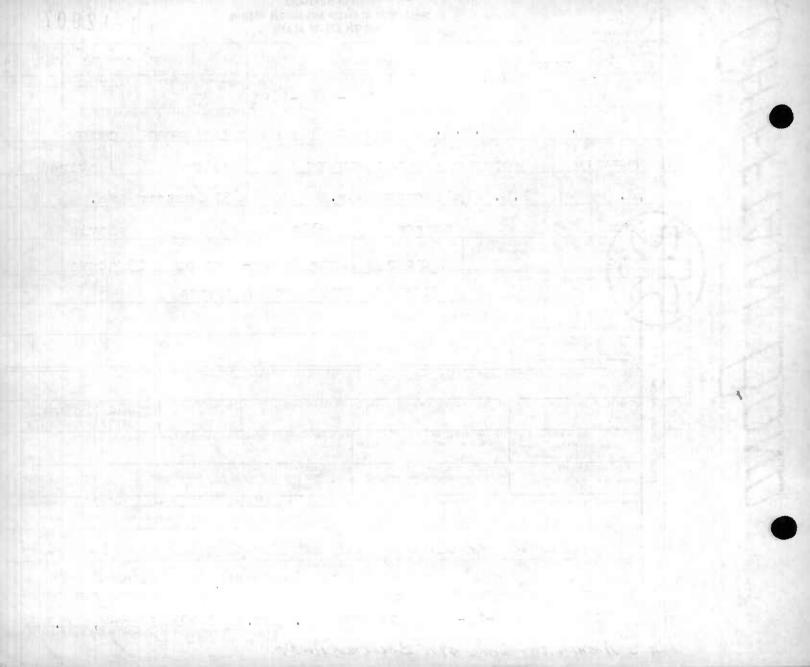
Info. added Film

G532 6/5/19 rc

THE STATE OF THE S Chayarly 22 Suce " and " caracy has a that . The second to be bline action Mary End Trape derive De lack est - 121 Chermon Samuel VIII THE SHAPE TO SELECT AND THE SELECT A markdott, and and learning to a contract the inc. When the 1337 Ciscousin Ave., Schonda Marytape ... Edit : Elle .. French

STATE OF MARYLAND





Air to the first and the state of the Towns 3 on the Later South to the state of the second to th Southern Tay and the section of the section of 1 June 19 June 19 Contracts of the section of the EXELLIVAM TO COMPANY TO SECURE THE SECURE TH

Items 22a. Film#531 - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-RODNEY M. **JOHNSON** DEATH MATED 12 19 79 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR. 3. SEX IF UNDER 24 HRS 9:43 DATE YEAR LAST BIRTHDAY PRONOUNCED male white July 21 1960 18/RS DEAD 12 19 79 TO BIRTHPLACE I TATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Texas WIDOWED [ DIVORCED Prince George' Gounty ID CITY OR TOWN OF DEATH I. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY THE PHYLLER FOR THE SHE ROSES HOSDITAL PanicPress Lake Hirst Avenue/District Hts. 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13a STATE REXEXXXXX Forestville 2613 Lakehurst Avenue YES X NO Md. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Darlene Grant Norman F. Johnson June 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Above 578-92-5088 Norman Johnson, Father, Same as No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6). Gunshot wound of head (handgun) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In DIVISION OF VITAL RECORDS, CERTIFICATION USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL, YES ST NO 🗌 BE 210 FXTERNAL CAUSE WAS 21b. TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR 0 MEDICAL 12 19 79 undetermined CONTRIBUTING CAUSE OF DEATH P.M. 5 2Te. PLACE OF INJURY (AT HOME, 211. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) PR WHILE AT WORK roadside Lake Hurst Ave. Prince George's Maryland CTOR: 22a. I certify that I took charge of the remains described above, held on Inspection Inquiry AA death resulted from Noturol couses Accident Homicide - Undetermined manner-V-TITLE (SPECIFY) TO MEDICAL EXECUTE THE CF PAGE 4 SHOUL TO FUNERAL D ACTUAL Assistant MEDICAL EXAMINER SIGNATURE. TER DEAT EXAMINER'S NAME Margarita A. Korell M.D. ADDRESS. Penn Stree 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 5-15-79 Suitland, P.G., Md. Wash. Natl. Cem. 1979 256. REGISTRANS SIGNATURE 4308 Suitland 250. DATE SECTO 24. FUNERAL DIRECTOROD T Wilhelm **DHMH - 17** Rd., Suitland, Md. (VR A15 ME (5)) Funeral Home 15M 7/76

B0-881-85 11 TO THE RESERVE OF THE PARTY OF 

9013 Annapolis Rd. Lanham, Md. 20801 (1) Drully

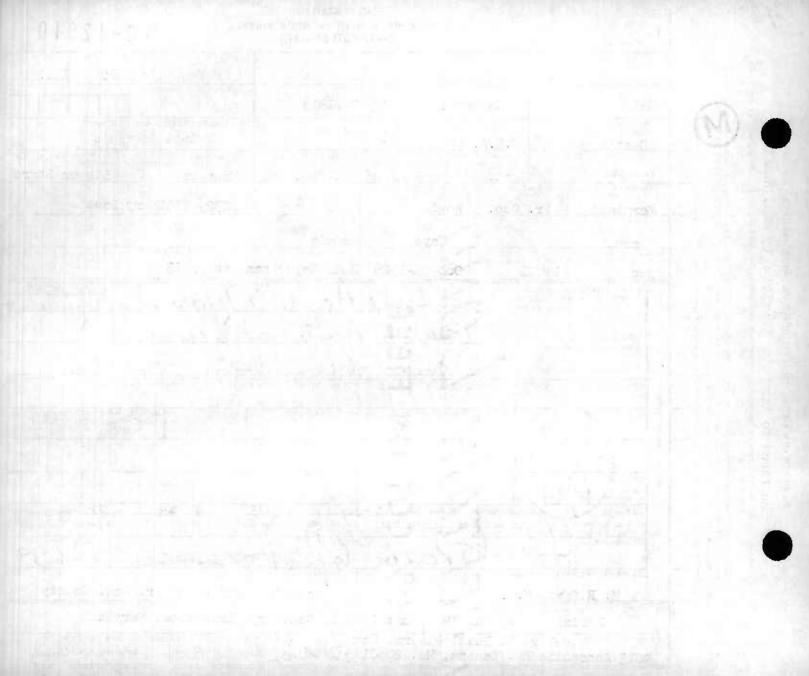
FOR

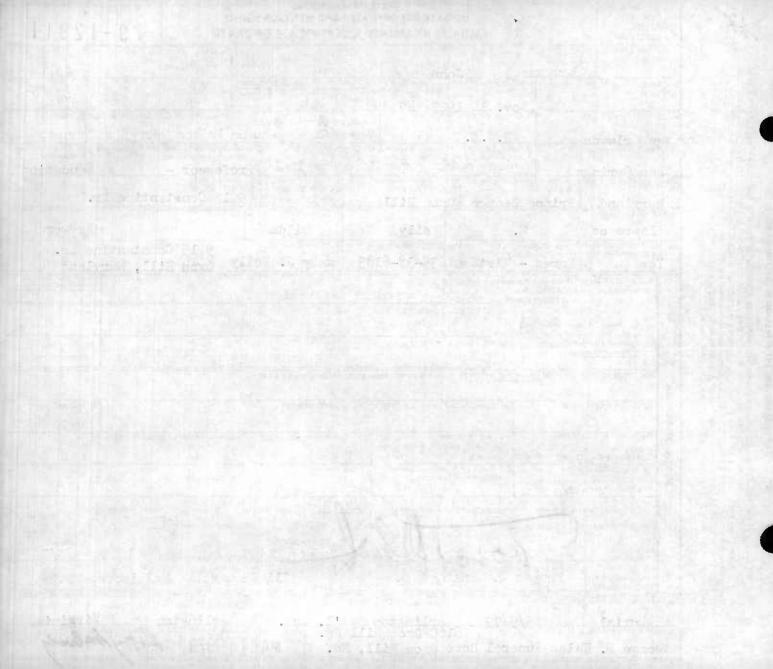
- STATE

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE





21521-51

at an extension of the land.

The state of the s

REG. NO

2b. HOUR

STATE

IF UNGER I YEAR IF UNDER 24 HRS DAYS HOURS.

AGE / IN YEARS LAST BIRTHOAY

BALTIMORE CITY OR COUNTY OF DEATH

PRINCE GEORGE'S

12h, KIND OF BUSINESS OR INDUSTRY

NONE

KELLY- SAME AS # 13 ABOUT

APPROXIMATE INTERVAL HEMORRHAGE, SECONDARY TO

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? YES [ NO [

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

and that in (Dec) (aur) apinian death accurred on the date and have and from the causes stated

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

22c DATE SIGNED

HARMONY MEH. HIGHLAND 24 FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATUME

(VRA 15, 4) 7/78

DHMH-16 20M

FOR

- STATE

Sons 4925 BURROUGHS AVE. N.E. S. WASHINGTON &

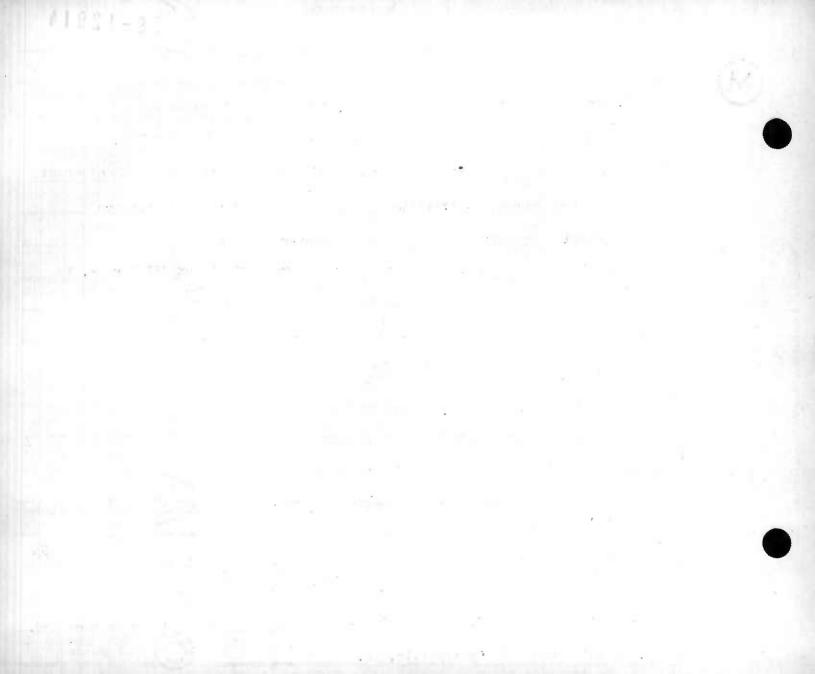
	(1	M
•	DING PHYSICIAN The low requires that the death certificate be executed within 24 hours after death. Page 4 per or ortending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral dirac e as the burial-transit permit. Then please remove carbompapers. Pages 1 and 2 should be filled within 72 heart
1021201	24 hours after	illed in by the
RE, MARYLAI	ecuted within	d completely fes I and 2 sho
T., BALTIMO	tificote be exe	physician one
. PRESTON S	the death cer	the attending remove corbo
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	requires that	een signed by
OF VITAL REC	IAN The low physicion.	tricote hos be
DIVISION	DING PHYSICIAN The Lore of other offending physician.	After this cer e as the burio

## STATE OF MARYLAND

79-12914

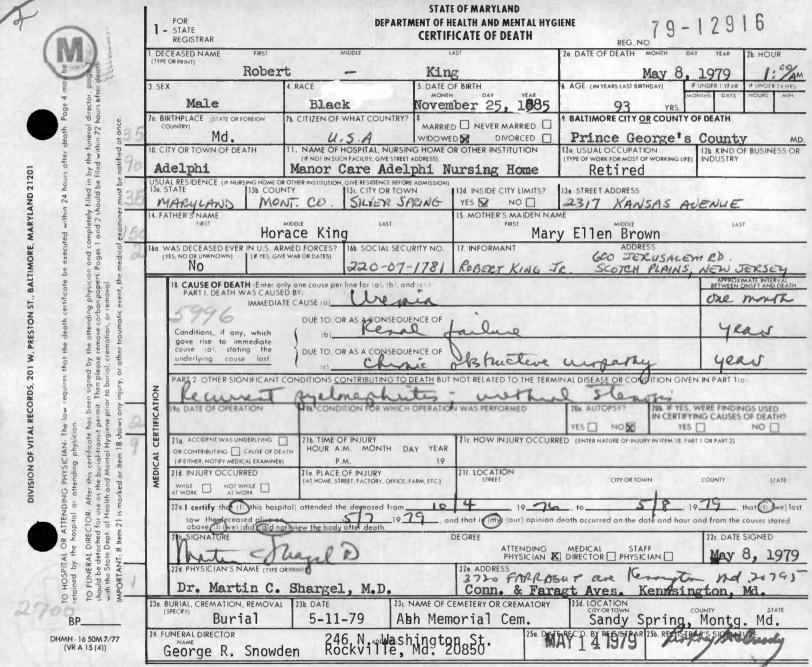
1	FOR STATE REGISTRAR			DEPART		IEALTH AND MENTAL HYG	REG. I	7	9 - 1	2 9	3   4	
	CEASED NAME	FIRST	,	MIDDLE		AST	20. DATE OF DEATH	MONTH		YEAR	26. HOU	
		MARY		E	K	CERR		05	22	79	12:	50Pm
3. SE	Х		4 RACE	-	5. DATE C		6. AGE (IN YEARS LAST &	RTHDAY)	IF UNDER		IF UNDER	24 HRS
	femal	e	white		Man	v 21. 1922	57 yea	TO UNC	MONTHS	DAYS	HOURS	MIN
70. B	RTHPLACE ISTATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?			9 BALTIMORE CITY			ATH		
P	ennsylvan	ia	US	A		D NEVER MARRIED	PRINCE					
	ITY OR TOWN OF	EATH	11 NAME OF	HOCOLTAL ALLIDON	WIDOWE NG HOME C	DR OTHER INSTITUTION	12g USUAL OCCUPA			KIND O	F BUSINE	MD.
C	HEVERLY		PRINCE	GEORGE	S GEN	VERAL HOSP.	(TYPE OF WORK FOR MOST Waitre	OF WORKING	LIFE) IND	USTRY	uran	
USU 13a.	AL RESIDENCE (# N	URSING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFOR	RE ADMISSION)	1 134. INSIDE CITY LIMITS?	13. STREET ADDRESS					
	Md	Pro	eorges	Beltsvi		YES NO	4912 Le		on As	VA		
14. F.	ATHER'S NAME		MIDDLE			15. MOTHER'S MAIDEN NA	ME					
	FIRST		Gregory	LAST		Claren	J Strone			ŁA5	T	
	WAS DECEASED EV	ER IN U.S. AR	MED FORCES?	166 SOCIAL SECT	URITY NO.	Clover 17 INFORMANT		RESS			-	
	YES, NO OR UNKNOWN]	(# YES, GIVE	WAR OR DATES	579 20	1251	John R Kerr	Route 1 Bo	x_411	Wars	saw.	Va	
	IL CAUSE OF DE	ATH Enter on	ly one couse per	line for (a), (b), or	nd ic ()	0	. `	D	- 0	APPROXI	RETIRE STAM GIVA TEGIN	DEATH
	PART I DEATH		E CAUSE (a)	ca	rais	Bullusias.	anes	1				
	1821	3		a as a combo	es ac A							
	Conditions, if any, which (b) Multiantale ovarian Cancer											
	gave rise to	immediate	) (6)	111001		0000	0		$\overline{}$			
	underlying cor		DUE TO, O	R AS A CONSTOU	ENCEOF	Nous V J	- 1)					
			(c)	90	-100	- room	acura					
NO	PART 2. OTHER S	IGNIFICANT (	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TEN	INAL DISEASE OR CO	ADITION C	SIVEN IN P	ART 16		
CERTIFICATION	19a DATE OF OPE	RATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF Y	ES, WERE	FINDIN	IGS USE	)
Ĕ							YES NO		TIFYING C	AUSES	OF DEAT	
ERT	21g. ACCIDENT WAS	UNDERLYING T	7 216 TIME O	FINJURY	_	21c HOW INJURY OCCURE				PART 2)	110 [	
	OR CONTRIBUTING	CAUSE OF DEA	HOUR A.	M. MONTH D								
WEDICAL	(IF EITHER, NOTIFY ME		21e. PLACE		19	111 LOCATION			_			
¥		T WHILE		REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET OA	CITY OR TO	NWC	COU	NTY	ST	ATE
	AT WORK	WORK -			100	to humb		12	7			
	22a.l certify that				77	19 10		42	. 19_/(			we)lost
	obove. (I) (We	gred olive on	trylew the body	ofter death.	- or	nd that in (my) Our pinion	death occurred on the	dole and h	our and fr	om the	couses sto	oted
	275 SIGNATURE	7	0 1/	2		DEGREE			720	DATE	SIGNED	
	H	MA	Joh		W	ATTENDING PHYSICIAN	MEDICAL ST	AFF	- 13	5/2	218	7
1	224 PHYSICIAN'S	PHYSICIAN DIRECTOR PHYSICIAN DIR										
	100	(DIAL	9/4			1 Tall	Am la	N OX				
12.	TURN CONTINUE	a) DEALGRAN	Tan Care	100	NAME OF S	THEYEN OF CHANGE	1234 LOCATION	V		_		_
174	Burial CREMATIO Burial	N, REMOVAL	236 DATE	17,71		EMETERY OR CREMATORY	CITY OF TOWN		COUNTY		316	ATE:
-	NAME AND ADDRESS OF THE OWNER, WHEN PERSON NAMED IN		May 2	5, 1979	t Lin	coln Cemetery						Md.
74.F	UNERAL DIRECTOR			ADDRESS		25a DATI	A PY SESISTES	REGI	STRARSS	HGHAT	SHE CY	sorty
	F. Gasch	's Son	s P A	Hyattsvi	lle, M	id.		1.77	~ 2			_/

DHMH-16 20M (VRA 15, 4) 7/78



STATE OF MARYLAND

1021-05					
			walter.		
	(Diana) (10.5 Tanggaran Sanggaran			P.Compt.	
	1 2 2 2 2 2				
		1-10			



CALL TOPICS (S. 1991)		No.
		ยแน่เ
To seed a to noot some		
	Prof. Salemit Element - 10 - 60 - 11	biologi
N = 0 = 0.		
		For Separate
197	a Constant	
To Aven. Seed in coop, Mi.		

Baker Funeral Home, Manassas, Virginia

FOR

1 - STATE

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 20 DATE OF DEATH 2h HOUR (TYPE OR PRINT) Joseph R. KNOTT May 16, 1979 10:45 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER I YEAR 3. 1907 AUG. MALE WHITE 71 TO BIRTHPLACE STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND U.S.A. Prince George County WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Glenn Dale Glenn Dale Hospital FARMER FARMING BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS GLENN DALE HOSP'T P.G. C. GLENN DALE Md. YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE NELSON W. **JAMES** KNOTT MARY ELLA ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES JOSEPHINE N. LONG BOX 68, CHAPTICO, Md. 579-20-8613 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic
PART I DEATH WAS CAUSED BY. Pulmonary Embolism sudden IMMEDIATE CAUSE (a ST DIVISION OF VITAL RECORDS, 201 W. PRESTON OR AS A CONSEQUENCE OF Hypertensive Cardiovascular Disease Conditions, if any, which vears gave rise to immediate 101, stating the DUE TO, OR AS A CONSEQUENCE OF oth underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CEPEbrovascular accident with right hemiparesis; Status post right above CERTIFICATION knee amoutation 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 2 NOK YES T NO I buriol-tronsit 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 0 21e. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE 220 1'certify that & (this haspital) attended the deceased fram. May 16 and that in Hy) (aur) opinion death occurred an the date and haur and from the causes stated saw the deceased alive on May 10, above, **M** (we) (did) (**dCCO**) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED Nadam edito ATTENDING May 16,1979 DIRECTOR PHYSICIAN PHYSICIAN be de 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should by with the IMPORTA Glenn Dale Hospital James W. Wills, M.D. 20769 Glenn Dale, Maryland 23e BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 0000BP P.G.C.

FOREST HILLS CEMETERY

DHMH - 16 60M 1/75 (VR A 15 (4))

24 FUNERAL DIRECTOR 11th ST. S.E. WASH, W. CHAMBERS CO. 517

5-23-1979

BURIAL

250. DATE THE TO BY REPESTRAR 250. REGISTRAR'S SIGNATURE

CLINTON,

Md.

01001=g v = 12010			
Sept 16, 1979 10:53		•	re on the
71	100. 2, 1907	ATTH	MAI
granco egros 2 contra		.4.8.4	DENTAND
with a second	Unilgo	or wist and	a all comits
Trizon Elan wiszó	z saw		nd. P.C.
WOODER STATE		TYOKA	andt 2
4. band - NOX 66, CHAITICO, 26.	enta coesiname	-03-566	ok -
857.05	enlicent wit	Pulippin	
hamit in ansaring an	metya Cardtoyasor)	Пураты	
evede delate amon setata;		illy include	raficaesvovovist notrafigas ovos
Particular Market	TO THE PARTY	Ly Ed,	
n - may 15, 1979			
on Enla Monptont 22069	10	L., N.D.	tio . P. compt.
10.0.4 ,000 miles	SEST HILLS COURS		
	. 6.e. NASH.	. 517 Ilth B	W. W. CLAYDERIC CO

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN MONTH 2a. DATE 2b. HOUR (TYPE OR PRINT) OF ESTI-IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 17,1912 66 (RS DEAD 76 CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. NEW JERSEY WIDOWED DIVORCED 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION ID. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS OR INDUSTRY FOR MOST OF WORKING LIFE! CHRISTIAN BRO PRINCE GEORGE'S GENERAL HOSPITAL EDUCATOR CHEVERLY USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS AMMENDALE ROAD RELISVILLE 6011 MARYLAND PRINCE GEO. YES X NO [ VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE S I AND LOUIS SCHLAGINTWEIT CHARLES KOCHER ADELE MARY 9 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. DOLES AMMENDALE ROAD DIVISION 193-4416788 BRO. THOMAS SCULLEY BELTSVILLE, MARYLAND NO 18 CAUSE OF DEATH (Enter only one cause perhipe for (a), (b), and (c).) Quelicas on foil dozen PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF AL EXAMINER A Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 301 AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 4 CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF TO BURIAL, YES [ NO T BE 3 SHOULD BE 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 21e. PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE O FUNERAL DIRECTOR OF FUNERAL DIRECTOR OF STEEL WITH THE SAFTER MARYLAND, 2 DIRECTOR: 220. I certify that I taak charge of the remains described above, held on and in my opinion death resulted fram: Noturol causes Homicide Undetermined monner TITLE (SPECIFY) MD Deputy MEDICAL EXAMINER AFTER DEATH 12800 Willow Wind Circle, Oxon Hill, Md. 20022 EXAMINER'S NAME AUGUSTO (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY BURIAL CHRISTIAN BROS. CEM BELTSVILLE. PRINCE GRO.CO., MD. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAP 256. REG DHMH - 17 (VR A15 ME (5)) CHAMBERS FUNERAL HOME - RIVERDALE, MARYLAND 15M 7/77

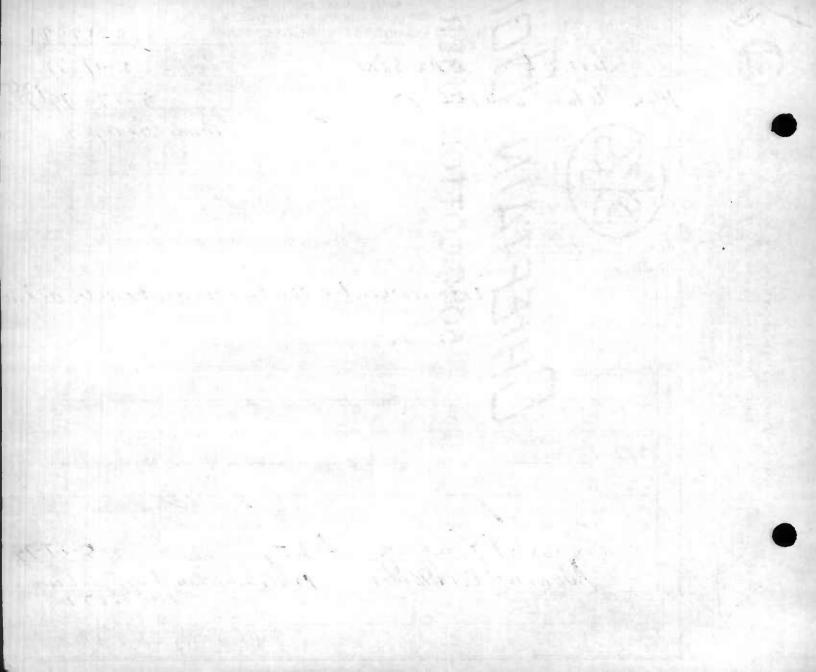
STATE OF MARYLAND

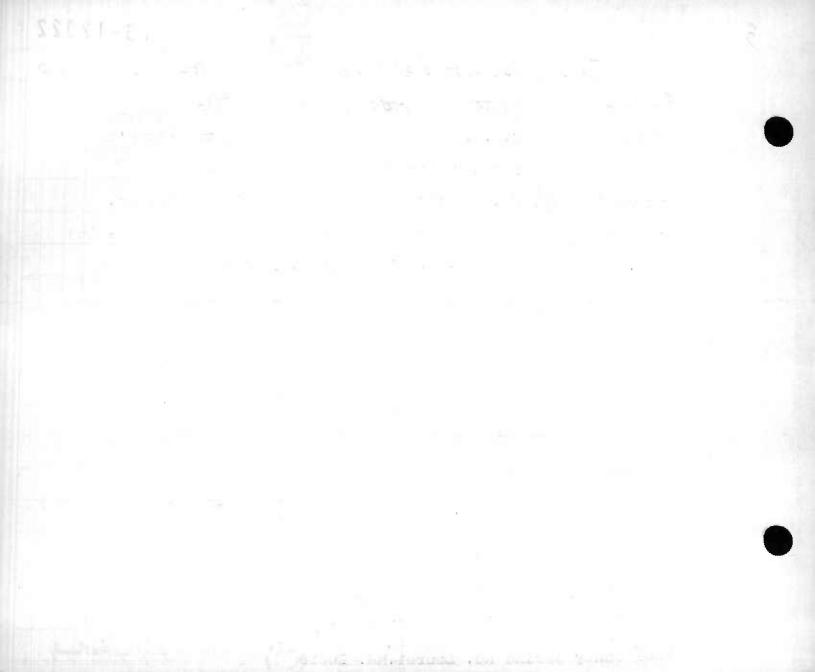
15M 7/76

0x251-85 seine speriet. He ministe post is a god a ne Compte Mills - it's a Grove'd Marrial - Cristian Compte Conference - C Loso Lines sinna 2205mau W Worksow Comments States to brook craffor instance of the In the Posts and to the transport of the state o English POPULL WHELE AND WHILE SALES THE MOTALLINES

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN P 2h HOLIR (TYPE OR PRINT) OF ESTI-DEATH MATED 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR IF LINDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 27-06 DEAD 76. CITIZEN OF WHAT COUNTRY? 9 BAUTIMORE CITY OR COUNTY OF DEAT In BIRTHPLACE (STATE OR NEVER MARRIED FOREIGN COUNTRY) WIDOWED [ DIVORCED Washington, D.C. U. S. A. ILED, KIND OF BUSINESS 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Representative Food Co. Cheverly Prince Georges General Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 138. INSIDE CITY HMITS? 13e. STREET ADDRESS 1136 COUNTY 13c. CITY OR TOWN 21201 2600 Parisian Court Punta Gorda Florida YES K NO [] 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST C. Martin Nettie Catlett Lawson George 16b. SOCIAL SECURITY NO. 17. INFORMANT ADD2600 Parisian Ct. 16e. WAS DECEASED EVER IN U.S. ARMED FORCES? Punta Gorda, Fla. 578-07-6778 Charlotte G. Lawson No 18 CAUSE OF DEATH (Enter only one couse per Tine for (a). (b), and (c).) PART I DEATH WAS CAUSED BY our scleratio cerepro- Corder Vascator ATX IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 301 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO X 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e, PLACE OF INJURY CATHOME. 214 INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK Autopsy 22a. I certify that I took charge of the remains described obave, held an Inspection and in my opinion DIRECTOR: death resulted from Notural courses Suicide Homicide / Undetermined manner TO MEDICAL EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BALTIMORE, MA (TYPE OR PRINT) 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 5-21-79 Burial Lewinsville Presb. Ch. McLean, Virginia Fairfax. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-17 20M 1/73 24 FUNERAL DIRECTOR 171 W. Maple Ave. ADDRESS (VR AT5 ME (5)) Money & King Funl. Home. Vienna, Va. 22180

STATE OF MARYLAND





0

## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST I. DECEASED NAME MIDDLE 2n DATE OF DEATH LTYPE OR PRINTS May 10. 1979 THETTA JANE TYOTT 3. SEX RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR MONTH 3 28 DAYS AONTHS 1896 Female Caucasian 79 BIRTHPLACE ISTATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Penna. U.S.A. Prince George WIDOWED DIVORCED | IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWITE Southern Maryland Hosp. Center Clinton

12b. KIND OF BUSINESS OR at home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c CITY OR TOWN 1134 INSIDE CITY DMITS? 13a STREET ADDRESS Md. Geo. Washington YES A 315 Beech St. 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST FIRST FIRST MIDDLE William Belle Kenist Pearson ADDRESS Ma WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 168-09-9078 Donald Lloyd no none same as item 13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? MCERTIFYING CAUSES OF DEATH? NOF YES [ NO [ YES 🗍 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2) C. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M MEDICA 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK

MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) hould b

236. DATE 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

sow the deceased alive an\_

226 SIGNATURE

24 FUNERAL DIRECTOR

220.1 certify that (1) (this haspital) attended the deceased from,

above, (1) (we) (did) (did not) view the body after death

23c NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

National Memorial Park

ATTENDING

23d LOCATION COUNTY

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

Falls Church

STATE Va.

6.301

IF UNDER 24 HRS

**DHMH-16 20M** 

(VRA 15, 4) 7/78

Hem 18 shows

ò

P. Kalas 6160 Oxon Hill Rd. Oxon Hill. Md.

MEDICAL PHYSICIAN P DIRECTOR PHYSICIAN

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

79-12923

77.1.75

3 1 1 3 3

one of the second section of the s

- - 7 - - 7 - - 10 - -

TOTAL TOTAL

A CONTRACTOR OF THE PARTY OF TH

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-12925

		REGISTRAR			CERTII	ICATE OF DEATH	REG. NO.					
		CEASED NAME FIRST		MIDDLE	-1.29	AST	2a. DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR		
		Harold	F			dregan	May	26	1979 4:10 a <sub>M</sub>			
	3 SEX	Male	4 RACE Whit	e	S. DATE C	10,1903 YEAR	6 AGE (IN YEARS)	LAST BIRTHDAY)	MONTHS DAYS			
8		RTHPLACE (STATE OR FOREIGN OUNTRY)  Mass	76 CITIZEN OF WHAT COUNTRY?  USA		MARRIE	MARRIED NEVER MARRIED WIDOWED MORCED		Prince George's				
3		TY OR TOWN OF DEATH  Riverdale		HOSPITAL, NURSING HOME OR OTHER INSTITUTION CHEACILITY, GIVE STREET ADDRESS) I Memorial Hospital			(TYPE OF WORK FOR MOST OF WORKING LIFE) IND			KIND OF BUSINESS OR DUSTRY  JS Gov!t		
5	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU Pro	NTY	GIVE RESIDENCE BEFORE 136 CITY OR TOWN Hyattsvi	/N	13d INSIDE CITY LIMITS? YES IX NO []	13. STREET ADD	40th Av	renue			
4	I4 FA	ATHER'S NAME Robert	MIDDLE	Lundreg:	an	15 MOTHER'S MAIDEN NAME FIRST Anna		DDLE	Newbe	erry		
		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? E WAR OR DATES)	16b SOCIAL SECU					on) Gree	enbelt, M		
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ichi PART I. DEATH WAS CAUSED BY:  Cardiopulmonary arrest  MMEDIATE CAUSE (b)								setween onset and peath Sudden		
	7	Conditions, if any, which gove rise to immediate couse 10), stating the underlying couse lost.	(b)	R AS A CONSEOUI ACI	ute pr	neumonitis	One week					
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0)  Arteriosclerotic cardiovascular disease. Old myocardial infarction.										
	CERTIFICATION	190 DATE OF OPERATION	-			N WAS PERFORMED	200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH  YES NO YES NO NO			INGS USED S OF DEATH?		
		OR SOLITABLE TO CAUSE OF OR IN 1 HOUR A.M. MONTH DAY YEAR										
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	CITY OR TOWN									
		220. I certify that (1) (this hospital) attended the deceased from 13 May 19 76 to 26 May 19 79, that (1) (we) los sow the deceased alive on 26 May 19 79, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.										
		226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN \[ \bigced{\text{MEDICAL}} \] OLIVER ATTENDING MEDICAL STAFF PHYSICIAN \[ \bigced{\text{MEDICAL}}								ay, 1979		
		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)		P. A.S.	22e. ADDRESS						
		Carl J. Hou	mann, M.	D.	-	4404 Queensbu	ury Rd., Riverdale, Md. 20840					
	23a B	BURIAL, CREMATION, REMOVAL	23b DATE 5/29/			incoln Cem	23d. LOCATIO CITY OR TON	ntwood	P. G.	M da		

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR
Francis Gasch's Sons, PA Myattsville, Md.

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

urial /2 / ort incoln s sanwood...
rancis asc 's ons, r jattaville, .

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

5-10-1979

IF UNDER 1 YEAR AONTHS DAYS HOURS

**BALTIMORE CITY OR COUNTY OF DEATH** 

Pr. Geo.

126 KIND OF BUSINESS OR

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ret. drug salesman

9406 - Wellington St.

Brink

same as above

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? YES

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

and that in (my) pour) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

Falls Mass.

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR

FOR

- STATE

Mt. Rainier. Md. Nalley's F.H.Inc.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

and the second of the second o Her training of the latest the color of the latest the FOR DEPARTMENT OF

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-12927

REGISTRAR			CERTIFICATE OF DE	ATH	REG. NO	1 0	1 6			
1 DECEASED NAME	FIRST	MIDDLE	LAST	1		NONTH DAY	YEAR	26 HOUR A		
(TIPE OK PRINT)	Jennie	к.	MacKay		May 7, 1	979		12:05		
3. SEX	4 RACE		5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTH	IDAY) IF U	IF UNDER LYEAR IF UNDER 24 HRS			
Female	Cauc	asian	July 22,	1891	87	YRS	THS DAYS	HOURS MIN		
7a BIRTHPLACE (STATE OR	FOREIGN 76. CITIZEN	OF WHAT COUNTRY?		BALTIMORE CITY OF	COUNTY OF	DEATH				
New York		S A	WIDOWED DIV	ORCED	Prince G	eorges		MC		
Adelphi		CONCUENCUITY COME CAREER	ADDRESSING HOME		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Teacher	ON WORKING LIFE)	12b. KIND O	hool		
USUAL RESIDENCE (IF NU 130 STATE Maryland	RSING HOME OR OTHER INSTITUTION TO BE COUNTY	13c. CITY OR TOW	N 13d. INSIDE CIT	Y LIMITS?	30 STREET ADDRESS 9210 Wil:	Low Ta	ne.	20783		
14 FATHER'S NAME FIRST Jame	AMPDUE.	MacKay	15. MOTHER'S /	RST	E MIDDLE		lker	ī		
160 WAS DECEASED EVE	R IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATES		1315 Eliza		ADDRES	SS		mg #13		
18 CAUSE OF DEA	TH Enter only one couse	per line for (a) (b) on	die	DC UII	TA METU-DE	une as	APPROXI	MATE INTERVAL DISET AND DEATH		
PART I. DEATH	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Can diss/ Vas cula to my failure									
gove rise to in couse (o), stole underlying country in COUNTRY STOLE STO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100									
Se mi 1 190 DATE OF OPER 210. ACCIDENT WAS U			OPERATION WAS PERFORM		200 AUTOPSY?  YES NOX	20b. IF YES, W IN CERTIFYIN YES	G CAUSES			
OR COLUMN TO LEGISLATION	CAUSE OF DEATH HOUR	A.M. MONTH D.		URY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18, PART	OR PART 2)			
GRECHTRIBUTING L  (IF EITHER, NOTIFY MED  21d INJURY OCCU  WHILE NOTI- AT WORK AT W		CE OF INJURY E, STREET, FACTORY, OFFICE, F	21f LOCATION STREET	V	CITY OR TOW	7	COUNTY	STATE		
sow the deced obove, (I) (we)	22a. I certify that (I) (this hospital) attended the deceased from 6 2 3, 19 4 8, to 5 7, 19 4 8, that (I) (we) lost sow the deceased alive on 6 2 9, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death									
220. SIGNATURE	226. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN DIRECTOR PHYSICIAN DI									
Veroni	NAME (TYPE OR PRINT)  ka Troost		10236	Now I	lampshire	Arra	S.S	Md.		
230. BURIAL, CREMATION			NAME OF CEMETERY OR CR	REMATORY	23d LOCATION					
Cremation			dar Hill C		Suitlan		GC. M	STATE		
24. FUNERAL DIRECTOR			Spring, Md	2 N DAVE		Leechstry		Asidy /		

DHMH - 16 50M 1/76 (VR A 15 (4))

Teaming the state of the state

TVS-27-17 Tisabeth M. ard-Same as Items 11

This is a continuous of the continuous same o

-base Code Titol agent Hill reput follows a bat.

Tambour and movies and medical for a

MARKY A. MARCHAR CO. 14 75 1:85P.H. 12 20 - 12 - 66 nagrad as its Clinton Southern Marylan Replied Contest retired -Maryland Pr. Georges Jerahire as 6515 Lenove St.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN 2h HOUR LTYPE OR PRINTI OF ESTI-5 DEATH MATED Yeak AGE (IN YEARS 5. DATE OF BIRTHS IF UNDER 1 YR IF LINDER 24 HRS 2d HOUR DATE PRONOUNCED 18 DEAD TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEAT MARRIED NEVER MARRIED WIDOWED M DIVORCED FILED, 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OME ewi YES I NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME OF VIT MOURR 160. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION 13-16-20561 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY avents elever Cardis Vas culs AND MENTAL HYGIENE, IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Conditions, if ony, which gove tise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 301 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? Ö NO F YES 218 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my opinion DIRECTOR: Inquiry death resulted from: Natural coures Accident Homicide L Undetermined manner EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, Y MEDICAL EXAMINER MORE EXAMINER'S NA (TYPE OR PRINTY) WOLL & 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 5/14/79 Burial Locust Valley Cemetery Middletown Frederick Md 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE MAY 1 4 1979 DHMH-17 20M 1/73 24 FUNERAL DIRECTOR Gasch's Sons Euneral Home, P.A. (VR AT5 ME (5)) Hyattsville, Maryland

12-12029 A STATE OF THE PARTY OF THE PAR with he wast de voller de vicero, Ill (Sent) The state of the s NAME OF TAXABLE PROPERTY OF THE PROPERTY OF TAXABLE PROPERTY AND ADDRESS OF TAXABLE PROPERTY ADDRESS OF TAXABLE PR Francis Carell & Lags School Bown 1.1. har free calling as all

STATE OF MARYLAND

THE PARTY OF THE P The state of the s The state of the s Management Town 28 The action Case the Period ...... THE RESERVE THE PARTY OF THE PA Charles and the second second and the second of the second

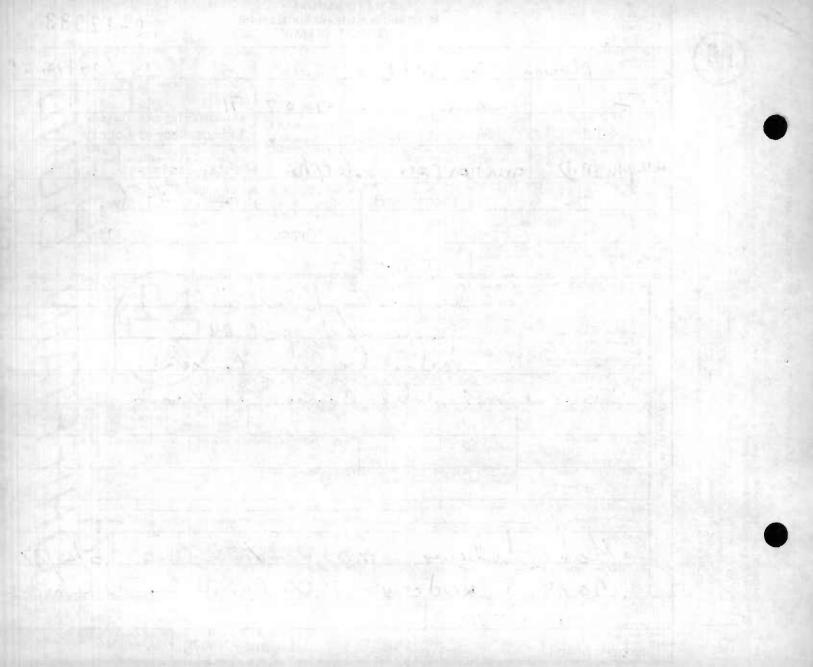
STATE OF MARYLAND 79-12931 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST 1. DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) ILVEY 4 RACE IF UNDER 1 YEAR 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS. MONTH YEAR DAYS HOURS 24. 56 1923 YRS 7a. BIRTHPLACE 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY GEORCES WIDOWED DIVORCED PRINCE II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY by th DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 CAREN HYATTSVILLE BRSING NONE LINEMPLOYED ly filled in should be USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130. STATE 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 5428 BELTSVILLE NOF ODELL tely 2 sh 1 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE puo SMITH TRANK MATTHEWS OTTIE ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) MATTHEWS- SAHE AS #13 ABOVE 577-20-5914 FRANCES APPROXIMATE INTERVAL £ ladad 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY A-Stagel 6 monto IMMEDIATE CAUSE (a 0 DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gave rise to immediate other cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. burial, à PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 0 prior 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ā IN CERTIFYING CAUSES OF DEATH? per NOF YES [ NO [ iol-transit and Mental Hyg 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 8 MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 He P.M ō 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK AT WORK 5-3-220.1 certify that (1) (this hospital) attended the deceased S DIRECTOR 70 saw the deceased alive on 5/20 above, (I) (we) (did) (did not) yew the body ofter dea ond that in (my) (aur) apinion death occurred on the date and hour and from the causes stated Dept. 22b. SIG LATURE DEGREE 22c. DATE SIGNED = ATTENDING STAFF TO FUNERAL E should be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 PHYSIC MISH AME (TYPE OR PRINT) 22e ADDRESS 2309 SHOREFIELD RD. WHEATON VROM LENKIN M. D 23 BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY STATE EM BP. MARYLAND BELTSVILLE 250. DATE REC'D. BY REGISTRAR 256 RESISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 ADDRESS (VR A 15 (4)) WASHINGTON & SONS 4925 BURROUGHS AVE. N.E.

16851-8

1 2 2 2	1	1 tem 15 g536 1	0/11/79	gj	STAT	E OF MARYLAND				212
10 12	1	FOR STATE		DEPART	MENT OF	EALTH AND MENTAL	HYGIENE		9-11	7937
	Ι,.	REGISTRAR			CERTII	ICATE OF DEATH		REG. NO.	3	
		CEASED NAME FIRST		MIDDLE		AST	20		NTH DAY	YEAR 2b HOUR
8 6 8	TYPE	OR PRINT)						05	1.4	70 A 45D W
\$ 6 8 P	3 SE	RAY	4. RACE	R.		ATULA OF BIRTH	6.0	GE LIN YEARS LAST BIRTHDA	14	79 9:45P.MM
offer. B	3 SE.				MONT	H DAY YEAR			MONTH5	DAYS HOURS MIN
Page direct hours ce.		Male	Cauca		01	18 30		49	YRS	
oth Po	/a. B.	RTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED		ALTIMORE CITY OR		ATH
er death fe funeral within 72		Penna	USA		WIDOW			Prince Geor		MD.
		ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120	USUAL OCCUPATION	DRKING LIEE IND	KIND OF BUSINESS OR
	C.	linton	Souther	n Maryla	nd Hos	pital Cente	er Bi	ricklayer	Co	onstruction
212 Pour hour	ÜSÜ.	AL RESIDENCE IF NURSING HOME STATE 136 COL	OR OTHER INSTITUTION	, GIVE RESIDENCE BEFO	RE ADMISSION)					
NND 2 124 h filled ould b	Marine .	ryland Pr.G		Temple H		13d. INSIDE CITY LIMIT YES NO		704 Janice	Tana	
YLAI Ithin tely f 2 sho		THER'S NAME	ео.	tempre u	IIIS	15. MOTHER'S MAIDEN		704 Danice		Zdarb Z o m
MARYLA mithin ompletely 1 and 2 sh		FIRST	MIDDLE	LAST		Kathe		MIDDLE		Stublar Steubler
Cuted cuted cuted s I on s	11 .	George VAS DECEASED EVER IN U.S. A	DAVED FORCESS	Matu		17 INFORMANT	rine	ADDRESS	-	predutel
MORE, MAI	12	YES, NO OR UNKNOWN) LIEYES, G	IVE WAR OR DATES)				- M- L-			10
TIM an o	уе	es Kore	ean	181-24-	7891	Anna Marie	Mati	lla same a	as item	
ficate by physicia physicia physicia naval.		18 CAUSE OF DEATH Enter & PART I. DEATH WAS CAUS	only one couse pe	ne for (0', (b), 0						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., BA			ATE CAUSE (0)	METASTA	TICL	ARCINOMA	OF 7	HE COLON		TMOS
ON ST th certituding is carbon carbon		1529	DUE TO C	R AS A CONSEO	JENCE OF					
RESTON  death ce tottendin  nove corb  traumatic		Conditions, if any, which	( (b)							
PRE emo		gove rise to immediate couse (a), stating the	DUE TO O	R AS A CONSEO	IENICE OF	de l'experimen			Sur L	Maria and the
W.P. not the not the see related the contract the see related to the contract the see related to the see rel		underlying couse lost.	100210,0	R AS A CONSECU	JENCE OF					
201 es the med b pleas urial,		PART 2. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUI	NOT PELATED TO THE	TERMINIAL	DISEASE OF CONDIT	ION GIVEN IN I	PART 1(n)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours or ottending physician.  The this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbonapopers. Pages I and 2 should be filled thand Mental Hygiene prior to burial, cremation, or removal.	Z	TAKE 2. OTTEK SIOITE REALT	CONDINOIS C	ON KIBOTING TO	DEATH	NOT KEENTED TO THE	TERMINAL	DISEASE ON CONDI	1014 011 [14 114 1	AKI IIO
been remit. I prior	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	1 2	0a AUTOPSY? 2	Ob. IF YES, WERE	FINDINGS USED
e low nos by we or we or we or we or	5		No. of the last of						CERTIFYING	CAUSES OF DEATH2
ION OF VITAL RE ION OF VITAL RE Indiag physicion.  The certificate hos burial-transit per Amental Hygiener or Item 18 shows.	ER	21a. ACCIDENT WAS UNDERLYING	21b. TIME C	AE IN ILIRY		121r HOW IN ILIRY OF		(ENTER NATURE OF INJURY IN	ITEM 19 BART I OR	- 67
SION OF VITA PHYSICIAN: The sending physicical physicic		OR CONTRIBUTING CAUSE OF D	BEATH HOUR A	M. MONTH	DAY YEAR	The Front House of	LCORRED	TENIER INFORE OF HADORI M	TILM ID, PART I OR	raki 2)
ON OF N HYSICIAN ding ph, is certific buriol-tr. Mental b	OA	I IF EITHER, NOTIFY MEDICAL EXAMINE		Μ,	19					
VISIO) 3 PHY strendi	MEDICAL	21d INJURY OCCURRED	21e PLACE LAT HOME, ST	OF INJURY REET, FACTORY, OFFICE	, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	COL	JNTY STATE
DING PI or atter After the e as the alth and marked	1	AT WORK AT WORK						1		
a o o b		220.1 certify that (III	-11.1	e deceased from	- 0 /	9 19	78	to 5/14	. 19.7	7, that # (we) lost
212	1	bove, (It (we) (atta) (did i	not) view the body	ofter death	79.0	nd that in (my) (our) op	inion death	n occurred on the date	and hour and fi	rom the couses stated
ook all he hosp he hosp he hosp he hosp hosp hosp he Dept.	(	21h. SHINATURE	0			DEGREE				C. DATE SIGNED
4 1 4 10		Acomest.	Anu	us 1/s	1	ATTENDIN PHYSICIA	NG MI	EDICAL STAFF	VI I	11179
= 0 15 4 5		PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	-77	LEREST PA		tt
TO HOSPIT FOR HOSPIT FOR HOSPIT PROBLEM PROBLE		Anne 1	QD	. MA		Live		ILLE MD	20782	
Short To	22- 1	BURIAL, CREMATION, REMOVA	AL 23b. DATE	1110	NAME OF	EMETERY OR CREMATO		3d LOCATION	20100	
1702	(100.6	SPECIFY)						CITY OR TOWN	COUNTY	
BP	24.5	Burial	5/18/	19 Ma	arylam	d Veterans	Cem.	Cheltenham		Md.
DHMH - 16 60M 1/75	24 FI	UNERAL DIRECTOR		ADDRESS		250	LUATE REC	C'D. BY REGISTRAR 256	KEGISTRAR'S	SIGNATURE
(VR A 15 (4))	G.	P. Kalas 6160	Oxon Hil	.1 Rd. 05	con Hi	Ll, Md.	*****	. 0 4070	W. p.	Ann O

on 2 -mo [ inet in each a season and a season and a season and a season a BUREAU TO THE RESERVE OF THE PARTY OF THE PA design of the state of the stat C. . Males (160 mon 200 He. 1000 1111, 16. 4 4

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) 12:10 orma 3. SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR DAYS Caucas an 0 ō To BIRTHPLACE **BALTIMORE CITY OR COUNTY OF DEATH** ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? COUNTRY) MARRIED NEVER MARRIED USA Ohio Prince George County WIDOWED DIVORCED V 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR ENOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY filed Dental assistant Dental MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 7051 COUNTY 13a. STATE 13c. CITY OR TOWN 2 should b Md akoma Park 70757 Carroll Ave YES [ NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE puo Grace Kline 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-16-4935 APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per limit or in Lib), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 190 DATE OF OPERATION 96. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY ā IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR ntol (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (I) (this hospital) attended the deceased from\_ sow the deceased alive on. \_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view, the body after death 226 SIGNATU DEGREE 27L DATESIGNED STAFF ATTENDING MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 29% ADDRESS hould b 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION (SPECIFY) CITY OR TOWN LOUNTY STATE Remova 1 5/25/79 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 60M 7/73 NAME (VR A 15 (4)) Anatomy Board Balto., Md.

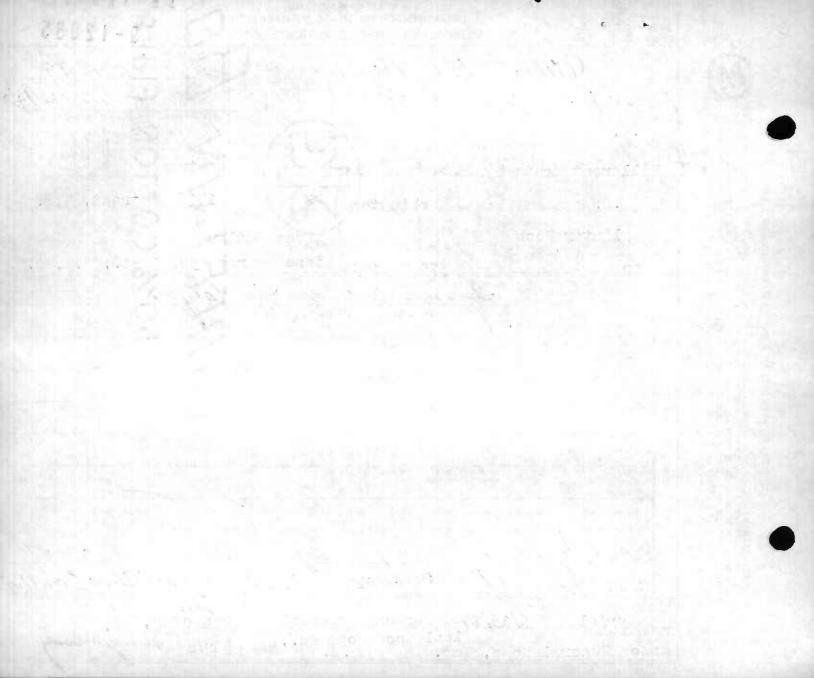


11						ARYLAND			
*	11-	FOR STATE REGISTRAR	ME	DICAL EXAMIN			7 (	1-1293	lt.
(M)	1. DE		J. 14/	c Conn	0/1	IAST .	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY	YEAR 2b. HOUR
PECESSARY, PIEAS UNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS	3. SEX	Tale Whit	Ce 5. DATE OF BIRTH	-16 Last BIRTHD	AY) MONTH	DER 1 YR. IF UNDER S DAYS HOURS	MIN PRONOUNCED DEAD	MONTH DAY	79 708 79 7 M
NECESS S FOR WITH	FO (	RTHPLACE (STATE OR REIGN COUNTRY)	U.S.A.		WIDOW		ED Driner (	COLONIY OF DEA	MD.
F S E S T A	(	TY OR TOWN OF DEATH Cheverly	Pr. Ge	SPITAL, NURSING HOME ACILITY GIVE STREET ADDRESS). D. HOSPITA.	1	er institution	Ret. Sec. Gu	iard - U.	OF BUSINESS
1201 AAND AAND AND AND AND AND AND AND AND AN	13a. S	Md. F	Pr.Geo.	13c. CITY OR TOWN Bladensby		YES NO		Place	
ATH STATE		THER'S NAME FIRST Le 0		McConnell		15. MOTHER'S MAIDE Alice	R.	Galbrai	ith
BALTIMORE, RRS AFTER DE I. GIVE PAGE! WITH FORM PAGES 1 AN DIVISION OF	16a. V	Yes	S, GIVE WAR OR DATES)	578-22-81			V. McConnel	1 - above	DXIMATE INTERVAL
301 W. PRESTON ST., CUTED WITHIN 24 HOU IN PENCIL IN ITEM 18 L EXAMINER ALONG VIAL-TRANSIT PERMIT. ID MENTAL HYGIENE, I, OR REMOVAL.		Conditions, if any, very gave (ise to imme cause (a) stating the unlying couse last.	which ediate under-	FERN SCHLIF RAS A CONSEQUENCE O	OF OF	Cordes V		Services Services	NONSET AND DEATH
ECORD  D BE EX  ENDING  MEDIC  O AS A  EALTH A  ERATIC	CERTIFICATION	PART 2 OTHER SIGNIFICANT COND.  19a. DATE OF OPERATION	history,	/ /.	rus		RT 1 (o).	20. AUT	OPSY?
DIVISION OF VITALR S CERTIFICATE SHOU RITING THE WORD "P ROED TO THE CHIEF E 3 SHOULD BE USE E 25 SHOULD BE USE PRIOR TO BURIAL, CI	CAL CERTIFI	210. EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSE	HOUR A.	M. MONTH DAY YEAR	21c. HC	W INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	YES 18 PART 1 OR PART 2)	П ОИ
VAR AG	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	E	OF INJURY (AT HOME, CTORY, FARM, ETC.)	21f. LOC 51	ATION	CITY OR TOWN	COUNTY	STATE
XAMINER: ERTIFICATE ID BE FOR IRECTOR: WITH THE S			charge of the remains of Notural coures		Autops	Hamicide	Undetermined manner  MEDICAL EXAMINER	and in my apinian ], DATE SIGNED	2-79
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNETH TO FUNETH TO FUNETH TO FUNETH TO FAMILIA PALITMORE, MA	23a.Bl	EXAMINER'S NAME (TYPE OR PRINT)	VAL 23b. DATE	CA DELGIO		ADDRESS 12 JOZ	23d LOCATION	Civale Tan	tollen
4000 DHMH-17 20M 1/73 (VR A15 ME (5))	(5	Burial UNERAL DIRECTOR NAME Nalley	E/E/207	9 Md.Nat	Mem	Park Cen	Laurel F	r Geo I	Md.
(11. X 10 ME (0))		ияттеу	Ind.	mo. au	T GI.	au mil	11 13/3	/	

91. 1 - Letter . CHT.45 .. VCC. . - 0-HH . Oct . . . Hants - Telle The recent of the second Address T. T. or Make avece - fluorector . and fit west-ss-set The second of th Furing England to the control of the 1978 TANK TO THE THE PROPERTY OF THE PROPERTY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20 DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-OF DEATH MATED 6. AGE (IN YEARS IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 9.62 TIMORE CITY OF COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? FOREIGN COUNTRY) MARRIED NEVER MARRIED WIDOWEDXIC DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS FOR MOST OF WORKING LIFE) OR INDUSTRY Seamtress 2, AND 3 TO 3. RETAIN P SHOULD BE A RECORDS. JSUAL RESIDENCE (IF IN HURSING HI AE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e. STREET ADDRESS 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YESLA NO T DIVISION OF VITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME N CIRST MIDDLE LAST MIDDLE LAST AND ister FORM 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16h SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES PAGES 8. GIVE I Diane St., McCrae 4500 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per lant for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY courses IMMEDIATE CAUSE II BURIAL-TRANSIT Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 301 AND CREMATION, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ⋖ CERTIFICATION USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? HIEF E DEPARTMENT OF I OF YES NO [ 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 19 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. AT WORK AT WHILE TO MEDICAL EXAMINER: THIS CE SKECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEI TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PRI STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remain discrebed above, held an Autopsy Inspection and in my opinian Undetermined manner death resulted fram: Natural causes Suicide Hamicide L EXAMINER'S NAME (TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY Harmony Memoria Landove DHMH-17 20M 1/73 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Hope (VR A15 ME (5)) NAME ason Funeral Home Inc.

STATE OF MARYLAND



FOR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/76 (VR A 15 (4))

Home 4000 Mass. Ave. N.W. Lawton J. Lawton Collins-Brother-Same as Item13 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE , and that in (my) (cor) apinion death accurred on the date and hour and from the causes stated Washington, D.C. Washington, D.C. STATE BY O GIETRAR 256 REGISTRAR'S SECURITIES JOSEPH CAWLER'S SONS INC. 6130 WISE, AVE., N. W. WASH., D. C. 25019

12b. KIND OF BUSINESS OR

INDUSTRY

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

a not think and the derivation and an experience of the contraction of

on one of the order

Municial 1/1/79 ok 1211 Cemprent continuon, 1.0.

THE RESIDENCE OF A COUNTY WILL

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME LAST 20. DATE OF DEATH MONTH 7h HOUR TYPE OR PRINTI 0720A. RICHARD JOHN MCKEON MAY 14 1979 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS TEC 5 DAY 7 923 HOURS WHITE MALE 55 To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED NEW **JERSEY** U.S.A. WIDOWED DIVORCED [ PRINCE GEORGES COUNTY IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CARPENTRY PRESTON ST., BALTIMORE, MARYLAND 21201 FORCE B. MALCOLM GROW USAF CTR CARPENTER d be USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13. STREET ADDRESS 1 603 THOMAS ROAD HGES FREINDLA INSIDE CITY LIMITS? FREINDLY MARYLAND 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE MEAK EM MCKEON **EMMA** NONE JOHN JOSEPH 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANEMILY MCKEONPORTSEE (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 1941-1976 YES 153-16-5967 L603 THOMAS ROAD. FREINDLY MARYLAND 18 CAUSE OF DEATH (Enter only one cause per line for 1a), (b PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IN AS A CONSEQUENCE OF allamou Conditions, if ony, which gave rise to immediate couse to stating DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? Dec NOT YES T NO I buriol-transit 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 214 INJURY OCCURRED 71a PLACE OF INTURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive Dn 14 May above. (I) (we) (did) (did not) view the body offer death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED \* ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL old be deto 17d PHYSICIAN S NAME ITTE OF PRINTS USEF MALCOLM GROW MPORT, AFB, MARYLAND, 20335 IICHAEL DANIELS, CAPT, USAF, MC ANDREWS 23g BURIAL CREMATION REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 5/16/79 BURTAL Arlington Nat. Cem. Arlington Va. D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4)) .P. Kalas 6160 Oxon Hill Rd. Oxon Hill. Md.

107201	VV. a F. Irin		V	() , r	140L 67.80	118
						Sans
			X		3 A 46 11 17	
ra county	PAINCE GROKE				. K. E. U	1-0-20
	MITTAL DATA HIL					
La Pade I X			4 /1	GMINE.	320a0a0 20.1	L. G. Grand York
	3.40 H				aset .	
	1.1.4.4.3					
			2 ( ) 2 (		2 to all 17 to all 20 1 to	, d <sub>1</sub>
		276				
				- DX 145		
				66		
					230000	CAN CITY
BEA MADITURE	CHACU TORO MA	LA TABLE				
	HARTDAND, 20.				J. TERO-GIII,	Ing diventity
.67	nt ii	. 10	at not	nila	7 11	12.401
				i or	on ill c	

Home. 3447-14th St. N. W.

(VR A15 ME (5))

15M 7/76

W.H. Bacon Funeral

STATE OF MARYLAND

- 0.15 icoc se se est se de ser se . The six and the second secon , or or , con the same of the 7.7 

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other troumatic event, the medical examiner must be notified at ance.

STATE OF MARYLAND

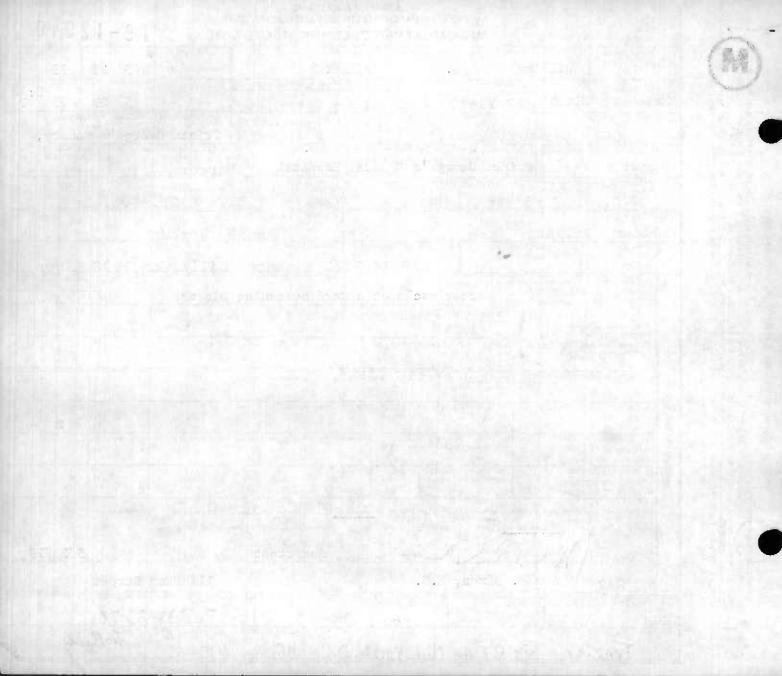
DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

	1-	FOR STATE REGISTRAR			D	EPARTA		EALTH AND	MENTAL HYGI DEATH		. NO.	79-12	93	9
		CEASED NAME OR PRINT)	FIRST	MURIE	MIDDLE	F.		SICK	14-11	20. DATE OF DEAT		-18-79	3:40	P <sub>M</sub>
	3 SE	x emale		Caucas			5. DATE O	OF BIRTH	1 <sup>6</sup> 2 17	6. AGE (IN YEARS LAS	BIRTHDAY]	IF UNDER 1 YEAR	IF UNDER 2 HOURS	4 HRS
7	C	RTHPLACE (STATEORF OUNTRY) ashington		76 CITIZEN OF	WHAT COL	UNTRY?	8 MARRIE WIDOWE	D NEVER		PRINCE	Y OR COU	NTY OF DEATH		MD.
14	10 C1	TY OR TOWN OF DEA		PRINCE			G HOME C		TITUTION	176 USUAL OCCUP	ATION	G LIFET INDUSTRY	of Busines	
6	13a S Ma	AL RESIDENCE (# NUR STATE aryland	136 COUI	VIY	13c. CITY C		N	13d. INSIDE (	NO 🗆			Avenue		
60	14. FA	Edward Edward	đ	MIDDLE	Stad	ď		13 MOTHER	Nettie		E	Unk'n	own	
/	160 V	WAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES?	16b SOCI	AL SECU	RITY NO.		icia A	JILLELI	Box '	773 LaP	lata	, Md
	HON	Conditions, if any gave rise to im- cause 101, static underlying cause	mediate ng the e lost NIFICANT	DUE TO, O	ONTRIBUTION OF THE POST	NSEQUE	NCE OF	-6111						
9	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR	WHICH	OPERATIO	N WAS PERF	DRMED	YES NO	IN CE	YES, WERE FINDI RTIFYING CAUSES YES []		1?
7	MEDICAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING [ (IF EITHER, NOT IF Y MEDIC 21d. INJURY OCCUR WHILE NOT WAT WORK AT WORK	CAUSE OF DE	P. 21e PLACE	M. MON M.	,	19	21¢ HOW II		ED (ENTER NATURE OF		18, PART 1 OR PART 2)  COUNTY	STA	TE
	(	22a I certify that (III sow the decease observe, (In (was)) 22b. SIGNATURE	ed alive pr	/hhi/	17	19		DEGREE		mEDICAL DIRECTOR PH	TAFF		causes state	
1		22d PRIVEREIAN'S N	AME (TYPE C	R PRINT PL	20 cm	n	in	220 ADDRE		BELLE	MI	0 207	81_	-
	I	Burial, cremation, Specify) Burial		23b. DATE 22May	1979			EMETERY OR Hill	Cemter			COUNTY PG	Mo	_
	24. FU	UNERAL DRESBE	rt E.	Wilhe	1m ADE	DRESS			- PARTE	REC'D. BY REGISTE	AR 25h	SISTRAR'S AGNI	URE	

DHMH-16 20M (VRA 15, 4) 7/7B

Funeral Home Inc

Suitland



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEASED-NAME 20. DATE OF DEATH First i Middle 2b. HOUR (Type or print) Doy -7 O Year 6 4 RACE S. DATE OF BIRTH IF LINDER 28 HRS SEX 6. AGE (In years IF LINDER 1 YEAR DAYS lost bigthday) MONTHS HOURS Home 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED DIVORCED T S. WIDOWED [ Pennsylvania 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12h. KIND OF BUSINESS OR during most of working life, even if retired.) U give street oddress) BALTIMORE, MARYLAND 2120 HOYESTUNI 2404 Wintergreen Ave. 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITST 13e. STREET AND NUMBER 2 sh of ter odmission) STATE 13b COUNTY YES X NO 14. FATHER'S NAME Middle Middle IS. MOTHER'S MAIDEN NAME First Sabados Modrak Susanne Paul 16b. SOCIAL SECURITY NO. 17 INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Above (Yes, no, or unknown) Yes 202-10-5973 Mary Laverne Mollish, Wife, Same as W.W.II 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY PRESTON STREET, IMMEDIATE CAUSE (o) \_ ng DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse d PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, 301 permit. 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ 21a. ACCIDENT WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) UNDERLYING -DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notity medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 19 72 to5-2 19 79 , that (I) (we) last 220. I certify that (I) (this haspital) attended the deceased fram\_\_\_\_ \_\_\_\_\_, and that in (my) (our) opinion death occurred on the date and hour and fram the saw the deceased alive on... couses stated abave, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED DIRECTOR **ATTENDING** STAFF DEGREE 5 - 2 + 79PHYS. DIRECTOR PHYS. 22e. ADDRES9 22d. PHYSICIAN'S NAME (Type) shauld b 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY (County) (Stote) 0 Arlington Natl Arlington, Virginia Cem. ADDREW 308 Suitlan a RECD BY REGISTRAR 1979 256. REGISS AND A REGIST A 24. FUNERAL DIRECTORRODE E Wilhelm DHMH - 16 3/72 25M Rd., Suitland, Md. Funeral Home (VR A35 (4))

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 2a DATE OF DEATH 7h. HOUR (TYPE OR PRINT) **AM, IA** MURPHY 979 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR MONTH YEAR DAYS 1889 Female White April To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Sweden U.S.A. WIDOWEDT DIVORCED [ Prince George's County IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Adelphi Manor Care Adelphi Nursing Home Housewife Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY filled buld b 13e. STREET ADDRESS 1134. INSIDE CITY LIMITS? 4001 Metzerott Road Maryland P.G. Co. College Park YES T NO I 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE EIRST LAST MIDDLE LAST Unknown Unknown ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) College Park, Md. Clayton W Murphy No None 579-10-5234 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for to "U"), and ic.
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate 101, stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 19a DATE OF OPERATION 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED à IN CERTIFYING CAUSES OF DEATH? NO [ NO YES [ Hygie 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 27a I certify that (I) (this haspital) attended the deceased

DHMH-16 20M (VRA 15, 4) 7/78

d b

MPORTANT

24 FUNERAL DIRECTOR "F. Gasch's Sons P A Hyattsville, Md.

sow the deceased aliveran APR L

PHYSICIAN'S NAME AND OF PRINT

230 BURIAL, CREMATION, REMOVAL

Burial

mor view the body ofter death

1979

23b. DATE

Mav

23c NAME OF CEMETERY OR CREMATORY

Ft Lincoln Cemetery

23d XOCATION Brentwood Bro Georges DATE REC.D. BY REGISTER 256 WE WARM AND A STATE OF THE ST

STAFF DIRECTOR PHYSICIAN

and that in (my) (ear) opinion death occurred on the date and hour and from the causes stated

ATTENDING MEDICAL

27L DATE FIGNE

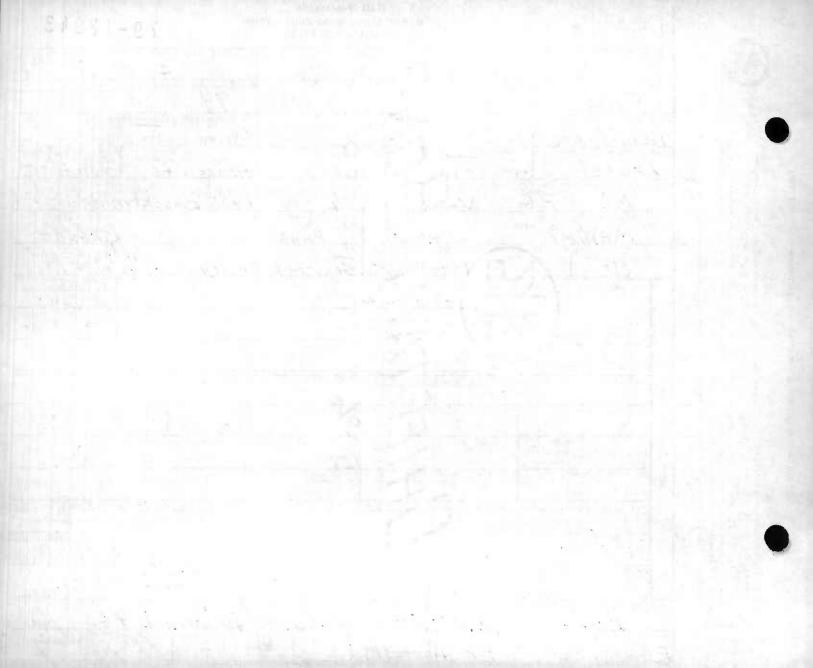
:=:

SEAR L'EVE L'EVE L'EVE LE L'EVE LE L'EVE L

5 -0 -11 -12

7 x x

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) 3 SEX AGE (IN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS MONTH HOURS 70. BIRTHPLACE ISTATE OR FOREIGN CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COLINTRY GENTGE'S WIDOWED DIVORCED [ ringe 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13c. CITY OR TOWN P 13d. INSIDE CITY LIMITS? NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) I ( IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY NENMONIA IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 9n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b, IF YES, WERE FINDINGS USED ò IN CERTIFYING CAUSES OF DEATH? NOX YES [ NO | Hygi 21b. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M. 21d. INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 79 22a. | certify that (1) (this hospital) attended the deceased from. sow the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady ofter death. 325 SIGNATURE DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS ld b shoe. W 0 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) BP 24. FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25a. DAT DHMH - 16 60M 7/73 SONS F. H. P.A. (VR A 15 (4)) HYATTS



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

9-12314

ALL STEEDS AND THE

And some office of the

andly and a

1.35.25.213





## STATE OF MARYLAND

FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-17946

									REG. NO.					
I. D	PECEASED NAME	FIR		IDDLE	U	NST .	A	2a. DATE OF	DEATH MO	HINC	DAY	YEAR	26 HOL	IR
L	Roland	RANE	<del>)</del>	L.		CHOIS	JR			05	22		10:5	-
3. S	ex M	4	RACE WHIT	E	S. DATE O	5°1.9	27 YEAR	6. AGE (IN YEA	RS LAST BIRTHD	YRS.	IF UNDI	DAYS	HOURS	24 HRS MIN.
7a. 1	BIRTHPLACE STATEORI	FOREIG 7b	CITIZEN OF V	VHAT COUNTRY?	MARRIED WIDOWE		MARRIED	9 BALTIMOR PRINC						M
10 (	LAUREL		(IF NOT IN SUC	OSPITAL, NURSIN HEACILITY, GIVE STREET LAUREL	ADDRESS)			12a USUAL C	CCUPATION FOR MOST OF V	N	IFE) IN	KINDO		
USU 13a.	UAL RESIDENCE (IF NUR	ISING AE OR OT 11362UNTY P.G	THER INSTITUTION,	GIVE RESIDENCE BEFORE  131 CITY OR TOW  LAUREL	E ADMISSION)	YES 📥	NO [	130 STREET A 401. 6	DDRESS th STR	REET				
14 F	FATHER'S NAME FIRST ROLA	ANIL. MIC	NICHOL	S LAST		15 MOTHER	S MAIDEN NA	T. POWE	RSPOLE			LAS	Т	
	WAS DECEASED EVER (YES, NO OR UNKNOWN) YES	IN (. ARME	AR OR DATES)	166 SOCIAL SECU 215 20 36		17 INFORM		NICHOL	ADDRES:		S AB	OVE		
	PART I. DEATH W	IMEDIATE	CAUSE (0)	VENTAL.	ENCE OF			AROLAL S	Inco	POTW	2			
CATION	Conditions, if ony, gove rise to imm couse 10), stotin underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERAL	, wch medie ng he st.	DUE TO, OF	RAS A CONSEQUE PROBABLE RAS A CONSEQUE LONG	ENCE OF ENCE OF STAN D DEATH BUT	NOT RELATE	MOU Slan AL D TO THE TER	ACOLAL TO ACCOUNT A PROPERTY AND AUTO	or condi	ITION G	IVEN IN	RE FINDIN	NGS USE	
AL CERTIFICATION	Conditions, if ony, gove rise to improve couse (o), stolin underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a, ACCIDENT WAS UND OR CONTRIBUTING C	, wch medle rig he st.	DUE TO, OF  DUE TO, OF  (c)  19b. CONDITIONS CO  19b. TIME O HOUR A.	R AS A CONSEQUE  R AS A CONSEQUE  CONTRIBUTING TO D  TION FOR WHICH  FINJURY  M. MONTH D.	ENCE OF ENCE OF STAN D DEATH BUT OPERATION	NOT RELATE	MOU DEDNAL D TO THE TER	MINAL DISEASE	PSY?	ITION G 20b. IF Y IN CERT	ES, WER	RE FINDIN CAUSES	NGS USE	TH?
MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imme couse 10, stolin underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERAT	IMEDIATE , with medite ing he st.  SIF ANT CO	DUE TO, OH  DUE TO, OH  (c)  DUDITIONS CC  19b. CONDIT	R AS A CONSEQUE  R AS A CONSEQUE  CONSEQUE  TION FOR WHICH  FINJURY  M. MONTH D.	ENCE OF STANDENCE	NOT RELATE	MOUDE TO THE TER.  ORMED  NJURY OCCU	MINAL DISEASE  200 AUTO YES	PSY?	ITION G  20b. IF Y IN CERT	ES, WER	RE FINDIN CAUSES	NGS USE OF DEA NO	TH?
	Conditions, if ony, gove rise to imme couse o), stating underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING CIF EITHER. NOTIFY MEDICA  21d INJURY OCCURR WHILE NOT WHILE	MEDIATE  , with medie in the state of the st	DUE TO, OF  DUE TO, OF  (c)  196. CONDITIONS CO  196. CONDITIONS CO  197. CONDITIONS CO  198. TIME O  HOUR A.I.  216. PLACE (AT HOME, STR	R AS A CONSEOUR  R AS A CONSEOUR  LONG  TION FOR WHICH  FINJURY  M. MONTH D.  MY.  DEFINJURY  BEET, FACTORY, OFFICE, 10  BE deceosed from  BEET BEET BEET BEET BEET BEET BEET BEE	ENCE OF STAND ENCE OF STAND DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATE  N WAS PERFO	MOUDE AREA ORMED  NJURY OCCU  100  19	MINAL DISEASE  200 AUTO YES	OR CONDI	ITION G  20b. IF Y IN CERT IN ITEM 18	ES, WER IFYING YES  CCC	RE FIND IN CAUSES PART 2)	NGS USE OF DEA NO   that (I)	STATE (we) lostoted

BP

010 2

DHMH-16 50M 7/77 (VR A 15 (4))

256. DATE REC'D. BY REGISTRAR 256. REGISTRAP'S SIGNATURE

9/02/1-83					
				Andre Anno 1 Anno	
		FF TOUR, F W			
				en cana	
				2.0	
	2. Illinoidia			oto il toto	
		A SALESTA	19 E-06-278		

STATE OF MARYLAND

1-10

Plotopie

The state of the s

- 1

.

	1 T YAN 15	4 4 6 4 4 4 5	) 23	111	
	TT & E.		30	1 2 1	. 1 1
6.23	1030 aJM114	٨		6.0	Gradas Jack
an watur	CIK HÜRELAKEK	AF TENSON	1 .C.1 1.1	OJan	11 6 v
ALTONIOUS	2.0.237.80	AA T	.OUNIOE	Salar all	12 , 1, 1, 2, 2, .
Ya.IAI laid		TNAL	and 3		10
	37, UCKICLL,			a,n	$\mathcal{O}_{Y}$

ANDREWS AIR FUNCE MADE, MARYLAND

MARCOLA GROW TAKE MERICAL CLASS

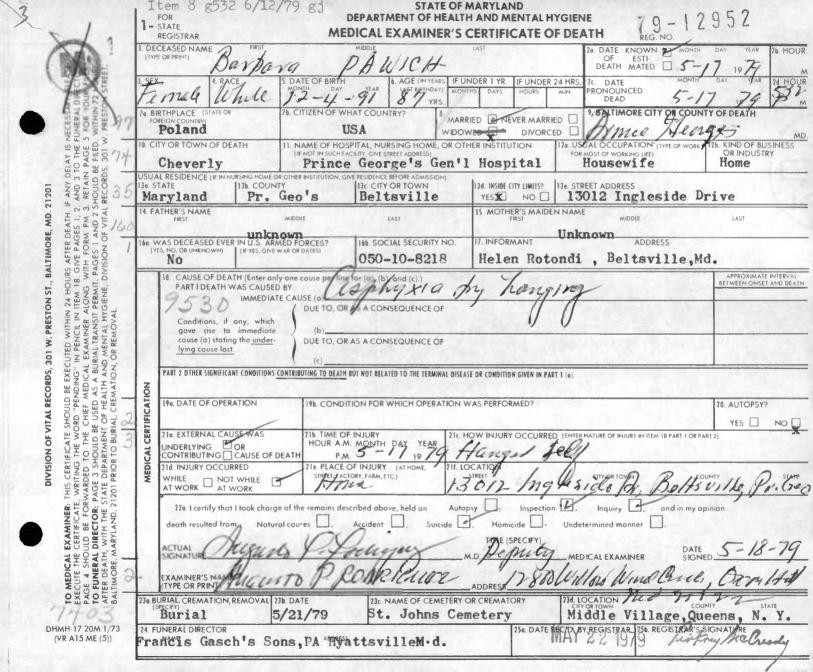
COLUMN TOWN CAPTER

STATE OF MARYLAND

The state of the s BENEFIT WITH THE STATE OF THE REAL PROPERTY OF THE PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL Later Colored The state of the s noncered a Lievecon. M. Princetto. to the piece apprend - Louisian J. C. Charles and Con- Carried and the They be decreased the decrease of the contract of the the first of the second of the second F-Dr. cor confur-lenguage .. Oca. | Tutocor Cristing Cor. ota-P-Section 2 to the second section of the second secon

TIONED SOUTHER A CONTROL OF THE CONT

the Charles Shift, U. Parlings



tanion sense of the sense Swing and control of the control of . West Livet & . Mantal rolate #107-01-02-1 The property of the term of the second of th

the Bettires in the way the state of

STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN TYPE OR PRINT OF DEATH MATED IF UNDER TYR F UNDER 24 HRS DATE PRONOUNCED DEAD BIRTHPLACE NEVER MARRIED Virginia U.S.A DIVORCED D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY D.C. Govi+ Coroner Office Clinton, Md. Southern Maryland Hospital Center 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY 13c. CITY OR TOWN 6105 Wesson Drive Maryland Prince George Camp Springs 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE John Sampson Payne Lillian 17. INFORMANT A6105 Wesson Dr. 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Camp Springs. Md. WW II 578-16-5759-A Yes Mrs Annie B. Payne APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per De for (a), (b), and (c). PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES NO [ 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH TE PLACE OF INJURY (AT HOME, 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK 220. I certify that I took charge af the remains described above, held on Inspection Notural couses death resulted from: Accident Suicide Hamicide Undetermined monner FUNERAL ETTER DEATH, AFTE! 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c, NAME OF CEMETERY 1979 Fort Lincoln Cometery Prince George Buria] Brentwood PREO DE REGISTRAR DE L'ESTRARES MA 24. FUNERAL DIRECTOR 6160 Oxon Hill **DHMH-17** (VR A15 ME (5)) George P. Kalas Funeral Home Oxon Hill. Md 15M 7/76

inter, m. comment of the last . . . CVI+ The desired from the printing of the first state on the first urne Lilling 61 0000 You will be a state of the stat . i con leonie oce . In mal or error il., ...

10 1 1 - 5

- -1 . 1911

MASHTINETH, E. C. LUSIA.

HINGSON STREET, STREET

MANUALLY TOTAL DECORAGE MELTENTILE X TITES COROON AVENUE

SETTAL U APAID - CLAPA U. SETTAL

STA-14-7658 JEAN G. OTWER AS IS OXNONYER

the territory and the state of the state of

MALIAL STATES CHARLES VIETERS LILL CERTERS STATES FOR SERVICE

EGARTIS I GULLING CORREST SECTION OF THE WAY OF THE WAY

The state of the s High the second of the second RETURNED . 

	_	
	>	
	Ĕ	
	4	3
	10	38
	ag	
	4	
	÷	
	9	
	P	
	ē	
	of o	
	10	
	5	
	ž	
	24	
	-	
	Ē	
	3	
	0	
	te	
	2	
	×e	
	61	
	å	
	e	
	0	
	-	
	0	
	4	
	to	
	e o	
	0	
	+	
	ō	
	÷	
	es Se	
	- 5	
	0	
	-	
	3	
	-	ċ
	ž	0
		Sic
	Z	h
	-	Q
	S	- Bu
	<u>}</u>	ē
	à	en
	0	110
	Z	-
	0	Ö
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may	e hospital or attending physician.
	I	P-i
	A	0.5
	SR	F
$\overline{}$	0	0

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
CERTIFICATE OF DEATH

12056

1	FOR STATE			DEP		EALTH AND MENTAL HYG	IENE	79-	129	30
	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	D.		
1. DE	CE ASED NAME E OR PRINT)	FIRST		MIDDLE		AST	2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(137)	AN	tok	nia		Polak	owski		5/3	1/79	1203 AM
3. SE	X		RACE	III O	5. DATE C	4 6 1	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
	Female		Whi	+0	MONTH	/ OAY / YEAR	88		NTHS DAYS	HOURS MIN.
70. B	IRTHPLACE (STATE OR FOR	EIGN 7	P CITIZEN OF		TRY? 8	[ 0   7	9 BALTIMORE CITY O	INJ.	F DEATH	
	Poland		e cirizei e	USA	MARRIE	NEVER MARRIED	On.	C		
10.0	ITY OR TOWN OF DEATH	н 1	1 NAME OF		WIDOWE O	D V DIVORCED D	170 USUAL OCCUPATI		O Rage	MD.  OF BUSINESS OR
1	- A II			H FACILITY, GIVE		N OTHER MASTROTION	(TYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY	71 803114E33 OK
1-0	secs Tuille	٤			Nesper	og Home	Housew:	ife		
	AL RESIDENCE (IF NURSIN	36 COUNT		13t. CITY OR		134 INSIDE CITY LIMITS?	13e. STREET ADDRESS			
	Md.	P.	.G.	Suit	land	YES 🔀 NO 🗌	2020 Bro	oks Dr	# 4	408
14. F	ATHER'S NAME FIRST	M	DDLE	EAS1		15. MOTHER'S MAIDEN NAM	MIDDLE		LAS	
	Joseph			adans		Katheri		Pausro		
16a \	WAS DECEASED EVER IN		ED FORCES?		SECURITY NO.	17. INFORM 6709 A	delphi ADDRE	25 Hz	72++63	willo
(	YES, NO OR UNKNOWN) (	(IF YES, GIVE V	VAR OR DATES)	203-0	5-0619		ge, Daugh			_
F	18 CAUSE OF DEATH	(Enter anla	ana causa nas			TCTTA DAVA	ger baugn	-61.0	APPROXI	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WA	SCAUSED	BY:	1-1	3	enter Das	Hote	. ~ .	BEIWEEIN	JASEL AND DEATH
	11/1/11/11	MMEDIATE	CAUSE (o)	TV	LIVIA	) Course		-214.5		
	7/70		DUE TO, O	R AS A CONS	EQUENCE OF				12 00	
	Conditions, if any, a		(b)		1300					
1.0	couse (a), stating underlying couse	the lost	DUE TO, O	R AS A CONS	EOUENCE OF					
			(c)							11 11 11 11
z	PART 2. OTHER SIGNI	IFICANT CO	ONDITIONS <u>CO</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	01
1 2			1					In the second	. (EDE EN 10 11	
CERTIFICATION	190 DATE OF OPERATION	ON	196 COND	ITION FOR W	HICH OPERATION	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES	OF DEATH?
Ē							YES NO	YES		NO [
	21a ACCIDENT WAS UNDER		216. TIME O	FINJURY M. MONTH	DAY YEAR	214 HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	Y IN ITEM 18, PART	T 1 OR PART 2)	
N N	(IF EITHER, NOTIFY MEDICAL		P.		19					
WEDICAL	21d INJURY OCCURRE	D	21e PLACE		FFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
2	WHILE NOT WHILE	LE 🗆	(ATTIONE, ST	CELT, FACTORY, O	FFICE, FARM, CIC.)					31414
	22a.1 certify that (1) (t	this hospito	ol) ottended th	e deceased f	rom_Me-	Ch 1975	_, to May 3	19	77	that (1) (we) last.
	sow the deceased above. (1) (we) (die	olive on_	May 3	1	19 25 , on	d that in (my) (our) opinion o	death accurred on the de	ste and hour a	nd from the	couses stated
	22b. SIGNATURE		view the cody	affer death.		DEGREE			22c. DATE	SIGNED
	B	1/5	- 1	Las T	\	ATTENDING	MEDICAL STAI		5/	31/20
1	22d. PLYSICIAN'S NAM	ME (TYPE OR	PRINT)	- not	٥٠	22e ADDRESS	DIRECTOR   PHISIC	IAIN	100	7/ 37
	BENI	1 A 13	1			2000	-11-1	1) 1	1-1-	
			3	7T26		201)	To and a	Ka	20	
230.	BURIAL, CREMATION, RI	EMOVAL	23b. DATE	-691	23C NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	CC	OUNTY	STATE
	Burial		6-2-	79	Doggan	Com	Clinton	L, P.G	· MC	

BP.

retained by the hospital or attending ph

TO HOSPITAL

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

injury, or ather traumatic event, the

IMPORTANT: If hem 21 is morked or Item 18 shows any

24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4)) Funeral Home

Robt E Wilhelm DRESS 4308 Suitland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR 2 Rd., Suitland, Md

77051-07	STATE STATE	June		
Manager year (	Late Core			
A CONTRACTOR OF THE PARTY OF TH				
ar by arthr			alliesty and	
Charles Harana (Sa)				
A SELECTION OF THE SECOND SECO	notted but orn COVD p.uvnacoiLoghousb	1. Sense gode - 35 - 30 d		
		ng nakanaka s		

DHMH - 16 50M 7/77 (VR A 15 (4))

HAMBERS FLINERAL HOME

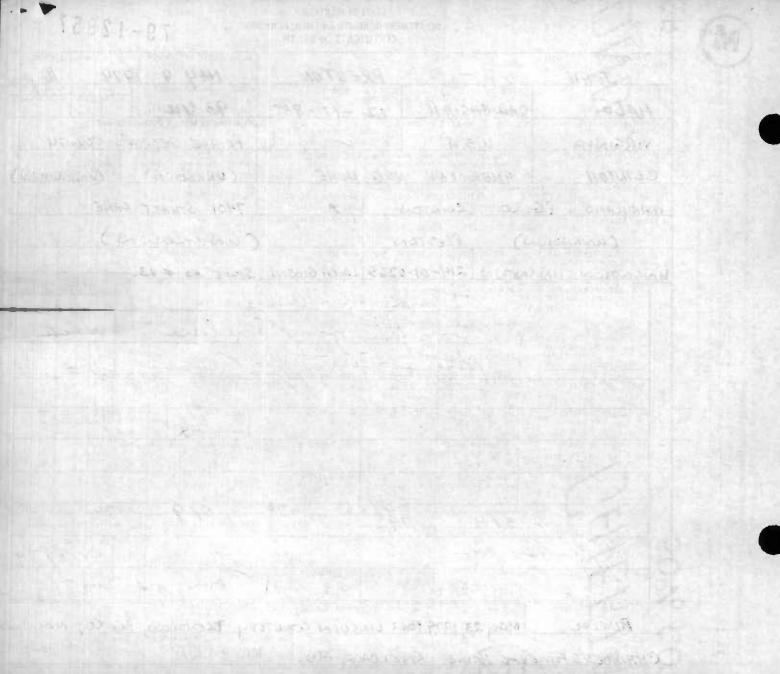
IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical excominer must be natified at ance.

## STATE OF MARYLAND

79-12957

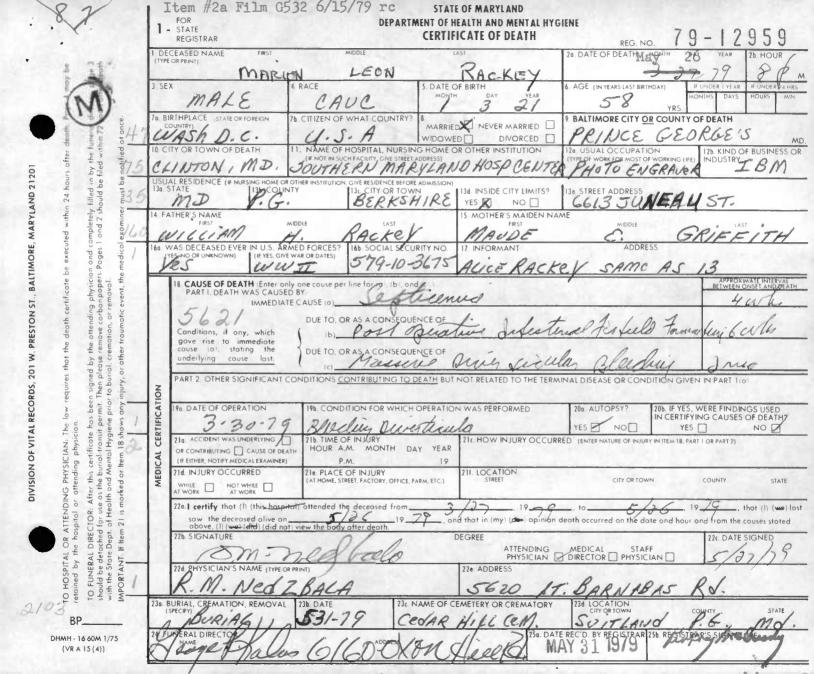
V	1-	FOR STATE REGISTRAR	DEPAR		IEALTH AND MENTAL HYG	REG. N	79-1	2957
1		CEASED NAME FIRST	MIDDLE		LAST		MONTH DAY	YEAR 26 HOUR
200	(TYPE	OR PRINT)  JOHN		PA	RESTON	NAU	9 10	19 10 pm
31	3 SEX		4 RACE	5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR IF UNDER #4 HRS
А		HALE	CAWCASIAH	MONT	-/7 -85	93 UM	L. YRS. MON	THS DAYS HOURS MIN.
		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	(? 8.	10-10-11-00-1	9 BALTIMORE MTY O		FDEATH
83	1	VIRGINIA	U.S.A.	WIDOWI	D NEVER MARRIED L	PRINCE G	FORGE'S	COUNTY MD
2	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME		120 USUAL OCCUPATE	ON	126. KIND OF BUSINESS OR
10	C	LINTON	AHERICAN		HOHE	(UNKNOW	17	(UN) KNOWN)
		AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)	113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		CAN IN COLOR
35		ARYLAND P.G		N	YES MO		ART LA	ME
	14 FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM			↑ LAST
600		CHNKNOW	U) PRESTR	Sic	11100	A S 1 1	www	) that
1			MED FORCES? 166 SOCIAL SEC	CURITY NO	17 INFORMANT	ADDRE	SS	
	un	JKNOWN LINK	(NOWN 214-01	-0265	LAURA GIBSON	SAME AS	£ 13.	
9		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		and ico	. 1			BETWEEN ONSET AND DEATH
			TE CAUSE (a)	or_	of lun	2-		
		2391	DUE TO, OR AS A CONSEQ	UENCE OF	-11 8	2.0		20/2.1
		Conditions, if any, which gave rise to immediate	( b)	es bijon	Acars 1	mani	-	overeges.
		cause (0), stating the underlying cause last	DUE TO COME A FORTEQ	UENCE OF	lerate He	out Dise	ner	Yen
	NO	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART I(0)
0	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		VERE FINDINGS USED NG CAUSES OF DEATH?
d	TIE					YES NO.	YES [	NO [
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2)
	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	3111	19				
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOV	VN	COUNTY STATE
		sow the deceased alive an	tal) attended the deceased from	77	nd that in (my) (aur) opinion (	, to	te and hour or	79, that (I) (we) last
3		above, (1) (we) (did) (did na	t yiew the body after death		DEGREE			22c. DATE SIGNED
		of motor	- m		ATTENDING PHYSICIAN	MEDICAL STAL		5/10/79
1		22d. PHYSICIAN'S NAME (TYPE OF	MUSTAAN		27e ADDRESS 4 2 35 28	& pre	nd.	2007/
	23a. B	URIAL, CREMATION, REMOVAL	236 DATE 236	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	co	UNTY STATE
7		BURIAL	MAY 23 1979 F	ORT LI	NCOLN CEMETE		000, P.C	. CO. MARYLAND
	24 FL	INERAL DIRECTOR	ADDRESS		25a. DATI	E REC'D. BY REGISTRAR	256. REGISTRA	R'S SIGNATURE
	C	HAMBERS FUNE	DEAR HOME R	NERDA	RE, MD.	KICI 4 13/3	1	1

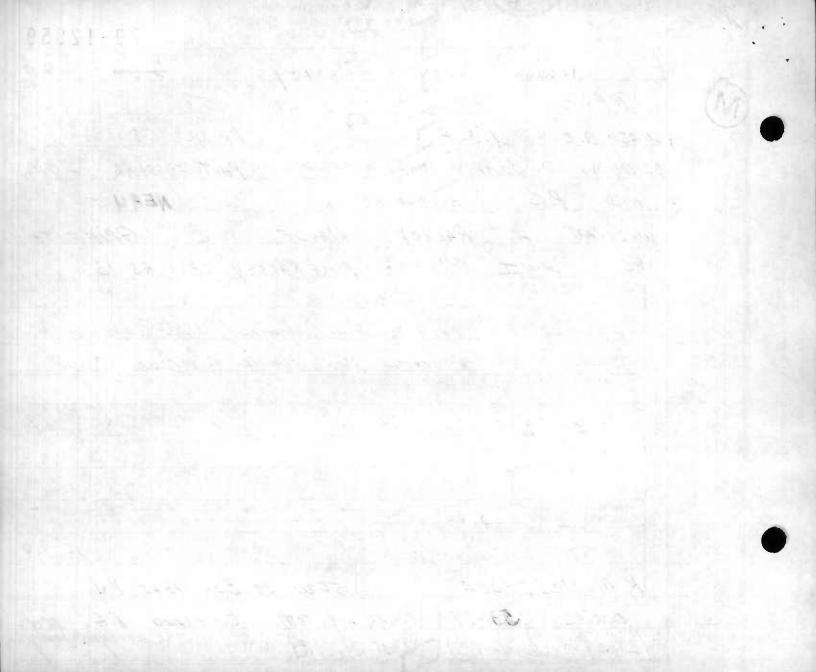
RIVERDACE,



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 2a. DATE OF DEATH MONTH 25 HOUR 1:50 (TYPE OR PRINT) **FELIXBERTA** OUIDANGEN 29 79 May 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS Female Sept 1912 FILTPINO 66 76 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY PHILIPPINE ISLAND USA Prince Georges DIVORCED [ WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Andrews AFB Malcolm Grow USAF Med Cen Housewife Homemaker DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 130 COUNTY 132. CITY OR TOWN Terrace 13e. STREET ADDRESS 4115 South Capitol D.C. none WashingtonDC 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Rufino (NMI) (NMI Amigable Marcelina Balbuena 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 4115 South Capitel (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 578-40-5693 Melchor Quidangen NO none Washington DC APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Minutes AS A CONSEQUENCE O Conditions, if ony, which monary gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost Endometria adendiarcinoma a PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 0 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? per YES [ fransit Mygie 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH nd Mentol 0 MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK ADT1 29 May 226.1 certify that X (this hospital) attended the deceased from 79 saw the deceased alive on above, (I) (Fig.) (did) and from view the body ofter death , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated be detoched to be State Dept. DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT STPECK PRINTS 22e ADDRESS d b JOHNSON, CAPT, USAF, MC MGUSAFMC, Andrews AFB, Maryland 20331 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial COUNTY STATE Arlington Arlington Nat. Va. Cem 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VRA 15(4)) G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

0.7 00 00		Material Valov.	natupa	7.DERG.:1	174
	00	11112	(a)	mach	elasel
	Prince George			VSII die se	ar illia
CORGRESION	Housanifo	nod bo	oin Grow USAEM	o.Elle	all. evotor.
ited St. S.n.	4115 South Ca		J MOJentera	9/0	.0.0
Bu Dalid	(1:-)	umilora.	المارة والمارات	(i)	onitua
eth caliter'st	or citt	True varance	500 -0 - 7	96'00	
	Vall QS			XXXX TP MEY	*
2 27			ion ii	, πxxxx	X
79	29 Hay	11 7.9	ion ii		
2 27	29 Hay	11 79.	TO VI	Johnson, CA	.n. YAAA





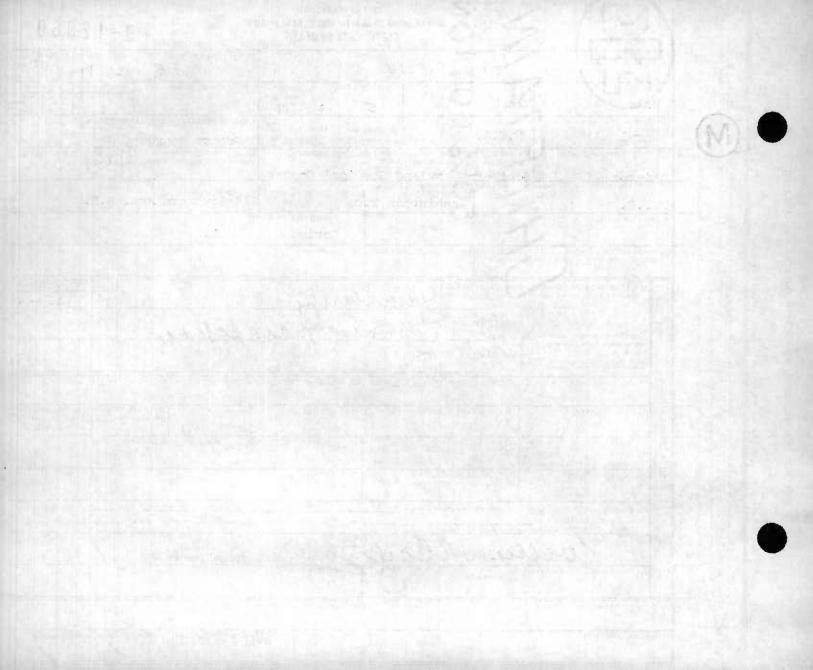
FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-1	25	960	
------	----	-----	--

	- 6	REGISTRAR					FICATE OF DEATH	REG. No			
		CEASED NAME	FIRST	воу	MIDDLE	BABY	LAST		MONTH	DAY YEAR	26 HOUR
			EDMAN						5	12 19	0-
	3 SE			RACE		5 DATE C		6 AGE (IN YEARS LAST BIRT	HDAY	MONTHS DAYS	HOURS
- 1	M	ale	].	Black		5			YRS		2
2-		RTHPLACE (STATE OR F	OREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUN	TY OF DEATH	
25	M	aryland	100	U.S.A.		WIDOWE	_	Prince Ge	orge	S	
70	10. CI	TY OR TOWN OF DE	ATH 3		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON	12b, KIND (	OF BUSINES
15	C1	inton					spital Center	(TYPE OF WORK FOR MOST O	FWORKING	LIFE) INDUSTRY	
11/	USU	AL RESIDENCE (IF NUR	SING HOME OR C	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION					
41	10000	D.C.	136, COUNT	ſΥ	Washingt		GES NO NO	614 Souther	n Av	e. S.E.	
$\overline{}$		THER'S NAME			indbiizing.	3011 / 3	15. MOTHER'S MAIDEN NA				
0/		FIRST	M	IDDLE	LAST		Dorine	C. MIDDLE		LA	ST
7		VAS DECEASED EVER	IN U.S. ARM		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
5	()	ES, 140 OR 014K1404114)	(IF 1ES, OIVE V	WAR OR DATES							
1		18 CAUSE OF DEAT	IH (Enter only	one couse per	line for (a) follow	due	(			APPROX	IMATE INTERVA
	74	PART I. DEATH V	VAS CAUSED	BY CAUSE (0)	he	11111	turelle			BCTWEET	135 .
		Conditions, if any gave rise to im couse (a), station underlying couse	mediate ng the	(b)	R AS A CONSEQUE	rve	cof Allo	upeten	10		
	NO	gave rise to im cause (a), statio underlying cause	mediate ng the e last.	(b)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERA			OVEN IN PART 1	0.
	ATION	gave rise to im cause (a), statio underlying cause	mediate ng the e last. NIFICANT CO	DUE TO, OF	R AS A CONSEQUE	PACE OF			DITION G	'ES, WERE FINDI	NGS USED
9	IFICATION	gave rise to im couse (a), static underlying couse PART 2. OTHER SIG	mediate ng the e last. NIFICANT CO	DUE TO, OF	R AS A CONSEQUE	PACE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CONI	20b. IF Y	ES, WERE FINDI	NGS USED OF DEATH
9	CERTIFICATION	gave rise to im couse (a), static underlying couse PART 2. OTHER SIG	mediate ng the e last. NIFICANT CO	DUE TO, OF	R AS A CONSEQUE  ONTRIBUTING TO D  TION FOR WHICH	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?  YES NO	20b. IF Y	YES, WERE FINDI TIFYING CAUSES YES []	NGS USED
9	AL CERTIFICATION	gove rise to im couse (a), stating underlying couse PART 2. OTHER SIG	mediate ng the e last.  NIFICANT CO	DUE TO, OF	R AS A CONSEQUE  TION FOR WHICH  FINJURY M. MONTH DA	DEATH BUT  OPERATIO	NOT RELATED TO THE TERM	200 AUTOPSY?  YES NO	20b. IF Y	YES, WERE FINDI TIFYING CAUSES YES []	NGS USED OF DEATH
99		gove rise to im couse (a), static underlying couse PART 2. OTHER SIG	mediate ng the e last.  NIFICANT CO  TION  DERLYING  CAUSE OF DEATI CALEXAMINER)	DUE TO, OF	R AS A CONSEQUE  TION FOR WHICH  FINJURY M. MONTH DA	DEATH BUT	NOT RELATED TO THE TERM IN WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF Y	YES, WERE FINDI TIFYING CAUSES YES []	NGS USED
9	MEDICAL CERTIFICATION	gove rise to im couse (a), stating underlying couse PART 2. OTHER SIG	mediate ng the e last.  NIFICANT CO  TION  DERLYING  CAUSE OF DEATI CALEXAMINER)  RED	DUE TO, OH  ONDITIONS CC  196 CONDI  216, TIME O HOUR A.,  216 PLACE C	R AS A CONSEQUE  TION FOR WHICH  FINJURY M. MONTH DA	DEATH BUT  OPERATIO  AY YEAR  19	NOT RELATED TO THE TERM	200 AUTOPSY?  YES NO	20b. IF Y IN CER	YES, WERE FINDI TIFYING CAUSES YES []	NGS USED
99	EDICAL	gove rise to im couse 101, stofti underlying couse 170, stofti underlying couse PART 2. OTHER SIG	mediate ng the last.  NIFICANT CO  TION  DERLYING CAUSE OF DEATI CAL EXAMINER?  RED  THILE  DRK	DUE TO, OF CONDITIONS	R AS A CONSEQUE  TION FOR WHICH  FINJURY M. MONTH DA M. MONTH DA DF INJURY  BET, FACTORY, OFFICE, F.	OPERATIO  AY YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY?  YES NO	20b. IF Y IN CER'	YES, WERE FINDI TIFYING CAUSES YES () YES () B, PART 1 OR PART 2)	NGS USED 6 OF DEATH NO
99	EDICAL	gove rise to im couse (0), stofic underlying couse PART 2. OTHER SIG  19a DATE OF OPERA  21a, ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR WHILE   NOT WAT WOORK   NOT WAT TO WORK   NOT WAT 22a   certify that (1) sow the decease	mediate ng the e last.  NIFICANT CO  TION  DERLYING CAUSE OF DEATI CALEXAMINER)  RED  HILE OF THE CAUSE OF DEATI CALEXAMINER  HILE OF THE CAUSE OF THE CAUSE  OF THE CAUSE OF THE CAUSE  OF TH	DUE TO, OF CONDITIONS	R AS A CONSEQUE  TION FOR WHICH  FINJURY M. MONTH DA M.  OF INJURY EET, FACTORY, OFFICE, F.  e deceosed from  19	OPERATIO  AY YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED  21c. HOW INJURY OCCUR 21l. LOCATION STREET	200 AUTOPSY?  YES NO RED (ENTER NATURE OF WIJUR  CITY OR TOW	20b. IF Y IN CER'	YES, WERE FINDI TIFYING CAUSES YES	NGS USED 6 OF DEATH NO
9	EDICAL	gove rise to im couse (a), stofin underlying couse PART 2. OTHER SIG 190 DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING (IF ETHER, NOTIFY MEDIC 21d. INJURY OCCUR AT WORK NOT WAT WORK 220. I certify that (1)	mediate ng the e last.  NIFICANT CO  TION  DERLYING CAUSE OF DEATI CALEXAMINER)  RED  HILE OF THE CAUSE OF DEATI CALEXAMINER  HILE OF THE CAUSE OF THE CAUSE  OF THE CAUSE OF THE CAUSE  OF TH	DUE TO, OF CONDITIONS	R AS A CONSEQUE  TION FOR WHICH  FINJURY M. MONTH DA M.  OF INJURY EET, FACTORY, OFFICE, F.  e deceosed from  19	OPERATIO  AY YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED  21t. HOW INJURY OCCUR 21t LOCATION STREET	200 AUTOPSY?  YES NO RED (ENTER NATURE OF WIJUR  CITY OR TOW	20b. IF Y IN CER'	COUNTY  19  Our and from the	NGS USED 6 OF DEATH NO
9	EDICAL	gove rise to im couse (0), stofti underlying couse PART 2. OTHER SIG  19a DATE OF OPERA  21a, ACCIDENT WAS UN OR CONTRIBUTING (FEITHER, NOTIFY MEDIC 21d. INJURY OCCUR WHILE NOT WAT WORK 22a I certify that (1) sow the deceos obove, (1) (well).	mediate ng the e last.  NIFICANT CO  TION  DERLYING CAUSE OF DEATI CALEXAMINER)  RED  HILE OF THE CAUSE OF DEATI CALEXAMINER  HILE OF THE CAUSE OF THE CAUSE  OF THE CAUSE OF THE CAUSE  OF TH	DUE TO, OF CONDITIONS	R AS A CONSEQUE  TION FOR WHICH  FINJURY M. MONTH DA M.  OF INJURY EET, FACTORY, OFFICE, F.  e deceosed from  19	OPERATIO  AY YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCUR  21l. LOCATION STREET  19  nd that in (my) (our) opinion DEGREE  ATTENDING	200 AUTOPSY?  YES NO CITY OR TOW  death accurred on the de	20b. IF Y IN CERT VN	COUNTY  19  Our and from the	NGS USED OF DEATH NO STAI
99	EDICAL	gove rise to im couse (0), stofti underlying couse PART 2. OTHER SIG  19a DATE OF OPERA  21a, ACCIDENT WAS UN OR CONTRIBUTING (FEITHER, NOTIFY MEDIC 21d. INJURY OCCUR WHILE NOT WAT WORK 22a I certify that (1) sow the deceos obove, (1) (well).	mediate ng the e lost.  NIFICANT CO  TION  DERLYING CAUSE OF DEATI ALEXAMINER)  RED  (this hospital condition of the conditio	DUE TO, OF CONDITIONS	R AS A CONSEQUE  TION FOR WHICH  FINJURY M. MONTH DA M.  OF INJURY EET, FACTORY, OFFICE, F.  e deceosed from  19	OPERATIO  AY YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCUR  21l LOCATION STREET  19  nd that in (my) (our) opinion DEGREE	200 AUTOPSY? YES NO CITY OR TOW The death occurred on the de	20b. IF Y IN CERT VN	COUNTY  19  Our and from the	NGS USED OF DEATH NO STAI
99	EDICAL	gove rise to im couse (0), stofic underlying couse PART 2. OTHER SIG  19a DATE OF OPERA  21a, ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR WHILE WHILE AT WORK AT WORK 22a   certify that (1) sow the decease above, (1) (well) 22b. SIGNATURE	mediate ng the e lost.  NIFICANT CO  TION  DERLYING CAUSE OF DEATI ALEXAMINER)  RED  (this hospital condition of the conditio	DUE TO, OF CONDITIONS	R AS A CONSEQUE  TION FOR WHICH  FINJURY M. MONTH DA M.  OF INJURY EET, FACTORY, OFFICE, F.  e deceosed from  19	OPERATIO  AY YEAR  19  ARM, ETC.)	211. LOCATION STREET  19  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO CITY OR TOW  death accurred on the de	20b. IF Y IN CERT VN	COUNTY  19  Our and from the	NGS USED OF DEATH NO STAI
99	MEDICAL	gove rise to im couse (a), statin underlying couse PART 2. OTHER SIG  190 DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR AT WORK NOTIFY HOLD 220 I certify that (IT saw the decease obove, (I) (we)). 22b. SIGNATURE  22d. PHYSICIAN'S N	mediate ng the e lost.  NIFICANT CO  TION  DERLYING CAUSE OF DEATI CAL EXAMINER)  RED  HILE CONTROL  HILE CONTROL  AME (TYPE OR I	DUE TO, OF (c)  DNDITIONS CC  196 CONDITIONS CC  196 CONDITIONS CC  198 CONDITIONS CC  19	R AS A CONSEQUE  TION FOR WHICH  FINJURY M. MONTH DA M. MONTH DA DF INJURY  BET, FACTORY, OFFICE, F.  Gedeesed from  19  4fter death.	OPERATIO  AY YEAR  19  ARM, ETC.)	21t. HOW INJURY OCCUR 21t LOCATION STREET  19  and that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN (	200 AUTOPSY?  YES NO CITY OR TOW  CITY OR TOW  death accurred on the do  MEDICAL STAF	20b. IF Y IN CERT VN	COUNTY  19  Our and from the	NGS USED OF DEATH NO STAI
99	MEDICAL	gove rise to im couse (0), stofic underlying couse PART 2. OTHER SIG  19a DATE OF OPERA  21a, ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR WHILE WHILE AT WORK AT WORK 22a   certify that (1) sow the decease above, (1) (well) 22b. SIGNATURE	mediate ng the e lost.  NIFICANT CO  TION  DERLYING CAUSE OF DEATI CAL EXAMINER)  RED  HILE CONTROL  HILE CONTROL  AME (TYPE OR I	DUE TO, OF CONDITIONS	R AS A CONSEQUE  TION FOR WHICH  FINJURY M. MONTH DA M. MONTH DA DF INJURY  BET, FACTORY, OFFICE, F.  Gedeesed from  19  4fter death.	OPERATIO  AY YEAR  19  ARM, ETC.)	211. LOCATION STREET  19  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO CITY OR TOW  death accurred on the de	20b. IF Y IN CERT VN	COUNTY  19  Our and from the	NGS USED OF DEATH NO STAI

DHMH - 16 50M 7/77 (VR A 15 (4))



24 FUNERAL DIRECTOR DONALD M. STEIN HEBREW MEMORIAL F.H.

232 CARROLL STREET N.W. WASHINGTON D.C.

FOR

- STATE

DHMH - 16 50M 7/77 (VRA 15 (4))

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

9-1296

IF UNDER 1 YEAR

INDUSTRY

UNKNOWN

COUNTY

COUNTY

PR. RECHSTRAR 256. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

SAME AS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEA

24-36 M

STATE

STATE

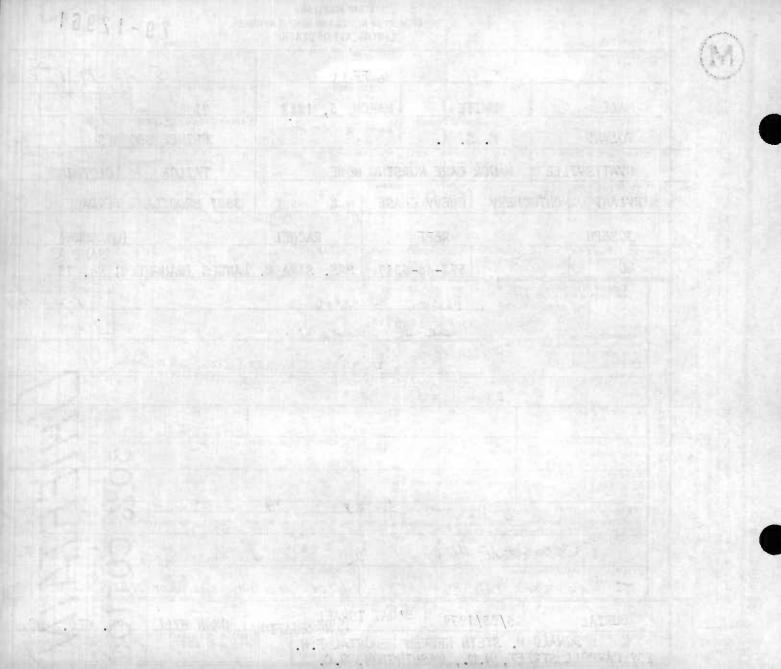
MD

CLOTHING

2b. HOUR

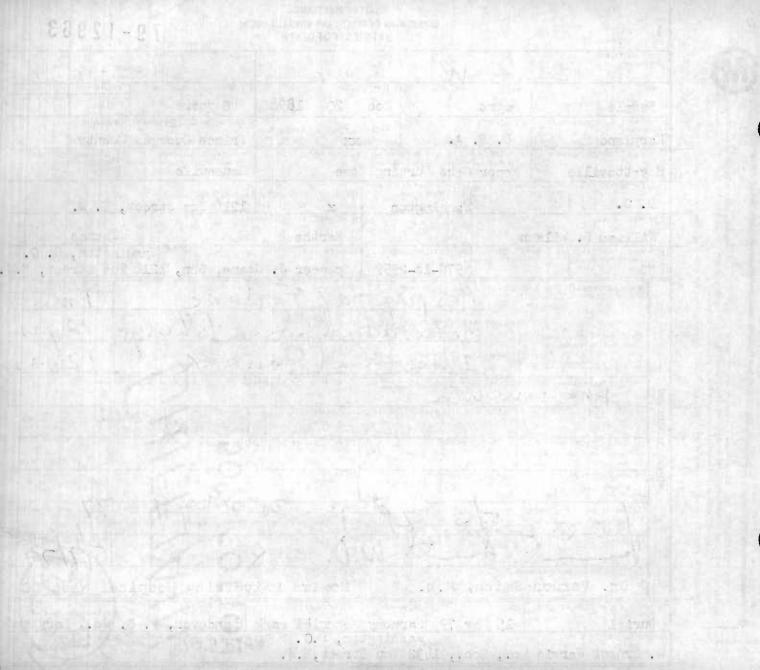
12b. KIND OF BUSINESS OR

REG. NO



1								MARYLAND			
W		1-	FOR STATE					H AND MENTAL H		0 120	162
		1	REGISTRAR		MEI	DICAL EXAM	INER'S	CERTIFICATE C	F DEATH REG. NO	9-163	) 0 2
	~		CEASED NAME	FIRST		MIDDLE		LAST	20. DATE KNOWN	MONTH DAY	YEAR 26 HOUR
	w (A.A)	(17)	E OR PRINT)	nnie	0 1	Clehara	1 .0		OF ESTI-	2 1.	70
	SEIAI)	3. SEX	4. RAC	F 15 D	ATE OF BIRTH	IA AGE	N YEARS IF UI	NDER TYR. IF UNDER		MONTH DAY	YEAR 24 HOUR
	2	E	- 0 1	16 1. 18	DAY	YEAR LAST BI	THDAY) MON	THS DAYS HOURS	MIN PRONOUNCED	~	YEAR 2d HOUS
V	ARY ON ON	1-4	more u	muce /	4 19	-11 6	YRS.		DEAD 3 -		19/4 H M
	LECESSAR UNERAL FOR YO WITHIN I		RTHPLACE (STATE OR REIGN COUNTRY)	7h. C	11	HAT COUNTRY?	8 MARR	HED THEVER MARR	IED . P. BALTIMORE CITY	R COUNTY OF DE	EATH
	サコル > :// /		ash., D.	C.	USA	A	WIDOV	VED DIVORC	ED Prince VI	engos	MD.
	AV IS NOT THE FILED, 301 W.	10 C	TY OR TOWN OF DE	ATH 11. N	NAME OF HOS	PITAL, NURSING H	OME, OR OTH	HER INSTITUTION	12a. USUAL OCCUPATION (TYPE		ID OF BUSINESS
	300	CI	neverly	P	rince	George	s Hos	pital	Housewife	OR	INDUSTRY
	ANY DELAND 3 TO RETAIN POULD BE ECORDS.	USU	L RESIDENCE (IF IN N	JRSING HOME OR OTHE		VE RESIDENCE BEFORE AD	AISSION)	1			
102	IF ANY DE STAIN SHOULD B RECORDS	13a. S	Md.	P.G.		Beltsvi	٩١١	13d. INSIDE CITY LIMITS?	4304 Birmin	gham Pl	ace
21201	T I C			F.G.		bercavi	116			9110211	
MD.	I NA		ATHER'S NAME FIRST	MIDI	DLE	LAST		IS. MOTHER'S MAIDI			AST
m,			Constant:			jan			nia Mae Blade	11	
NO.	PAGE FORM S 1 AN	16a. V	VAS DECEASED EVER	IN U.S. ARMED F		166. SOCIAL SECU	IRITY NO.	17. INFORMANS an	ne as Above		
BALTIMORE,	SIGE	, ,	No	(W TES, GIVE VVAR OF	N DATES!	578 32	1094		er D. Richard	e Hugh	and
	WIT WIT		18 CAUSE OF DEA	TH (Enter only one	couse meraline	far (a), (b), and (c).		DI. Mauye	. D. KICHAIG	APPI	PROXIMATE INTERVAL
ST.,				VAS CAUSED BY:	1111	tenssele	. /	randin 1/4	sculer dises	BETWE	EEN ONSET AND DEATH
Z	24 HO ITEM 1 LLONG PERMI GIENE,		11000	IMMEDIATE CA		AS A CONSEQUEN		o un po	The to purity		
PRESTON	7 4 5 1	1	Conditions, if	any which	DUE TO, OK	AS A CONSEQUEN	CE OF			200	
- A	ENTAL HY	3.1	gave rise to	immediate )	(b)						
- ₹	PEN AM REN REN		cause (a) statin lying cause last		DUE TO, OR	AS A CONSEQUEN	CE OF			1	
301 W.	EXAMINED VIN PEN EXAMINED MENTER PEN MENTER PEN MENTER PEN MEN MEN MEN MEN MEN MEN MEN MEN MEN M	10	ly my coose lost		(c)						
bs,	EXEC VG" ICAL A BUI		PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRI	BUTING TO DEATH I	BUT NOT RELATED TO THE	TERMINAL DISEAS	SE OR CONDITION GIVEN IN PA	RT 1 (a).		
DIVISION OF VITAL RECORDS,	A T S ED E	N	19 pear	ely							
REC	PEN WED A	CERTIFICATION	IV. DATE OF OPER	ATION	19b. CONDIT	ION FOR WHICH C	PERATION V	VAS PERFORMED?		20. AL	UTOPSY?
¥	O - = 0' H . Ind	잂	V 193								55 D No D
>		E E	71a. EXTERNAL CAU	ISF WAS	21b. TIME OF	INTURY	71c H	OW IN HIPV OCCUPE	D (ENTER NATURE OF INJURY IN ITEM 18 P		ES NO
Ö	CATE WHE WED THE WED BUILD BUI		UNDERLYING			MONTH DAY	EAR	OW HAJORT OCCORRE	D TELLEK LAWLONG OF MAJOKI IN HEW ID I	ART I OR FAR: 2)	
NO NO	RTIFIC JG THE SHOUN	Ŭ.	CONTRIBUTING								
VIS	114 11 10 11	MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE C	OF INJURY (AT HOM 'ORY, FARM, ETC.)		OCATION STREET	CITY OR TOWN	COUNTY	STATE
ā	THIS CER	2	WHILE NOT AT W	VORK					/	/	
	RW PA STA					/			D. P	1.	
	M TOWN	-	The state of the s			cribed abave, held o				d in my apinian	
	EXAMINE CERTIFICA ULD BE FO DIRECTOR WITH THE		death resulted from	Natural cas	ures 🔲,	Accident L.	Suicide	, Hamicide	Undetermined manner,		
	EXA CERT JID DIR WIT		ACTUAL /	bear K	VX	1.1.		TITLE (SPECIFY)	7	DATE /-	- 4-7
	SHOUTERAL SHOUTERAL DEATH, OFF, W		SIGNATULE	course	Lixon	aryung	N	1.D. Jote wie	7 MEDICAL EXAMINER	SIGNED	17
	DEA S TE T		EXAMINER'S NAME	11	IA.	2112.0		110	11/11/1/11	100 1	T 111
	FE E	-	(TYPE OR PRINT)	MEUST	1 12.10	ZENDKIGO	112	ADDRESS 17	or Willow	week,	Mille
	TO MEDICAL EXECUTE THE CONTROL TO FUNERAL AFTER DEATH, BALTIMORE, M.	23a.B	URIAL, CREMATION,	REMOVAL 23b. D/	ATE			OR CREMATORY	23d. LOCATION /ILE	1001	7
	7402	(	Burial	5-1	.0-79	Cedar	Hill	Cemetery	Suitland, P		
	HMH-17 20M T/73	24. F	UNERAL DIRECTOR	obt E W	ilhelr	n 4308	S111+1	and 250. DATE	REC'D. BY REGISTRAR 756. REGISTRAR	STRAP'S SIGNATU	Bready
	(VR A15 ME (5))		uneral H					anu	AY 10 19/9	7	
		F	mierar H	one	Ka.	Suitland	, Md.				

, t 578 tr 1094 ht



	1			STATE OF MARYLAND		
		FOR STATE REGISTRAR		TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	
	(TYPE	CEASED NAME CORPRINT)	DELJA M.	ROCHE	MAY	2, 1979 3 P. M
	3 SE	FEMALE	Ehite	S. DATE OF BIRTH	8 O	HDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
90055	70. 81	RTHPLACE ISTATE OR FOREIGN DUNTRY) ENTUCKY	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE	CTEORGES MD.
politied of	1	Adelphi	MANOR COR	ing home or other institution et address)	12r USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	ON 17h. KIND OF BUSINESS OR INDUSTRY
ed 35	M	AL RESIDENCE (IF NURSING HOME OF TATE HIS COL	NTY 13 CITY OR TO		13R STREET ADDRESS	EMACK Rd.
exomine (ex)	14 F#	TOR dA	MIDDLE JONES	15 MOTHER'S MAIDEN N. FIRST	AME MIDDLE	BENNETT
medical exam		VAS DECEASED EVER IN U.S. A VES, NO OR UNIXNOWN)   I IF YES, GI	VE WAR OR DATES)	28-3883A EMIL	y R. Hill (	dayi) SAMEASLIKB
urial, cremation, ar remaval. r, ar ather traumatic event, the		Conditions, if ony, which gove rise to immediate couse (D), stating the underlying couse lost	DUE TO, OR AS A CONSEO	webre art	grantory Jonila	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
any injury	ATION	190 DATE OF OPERATION	cufiting	H OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
shows	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	11. HOW INDIAN OCCUP	YES NOT	IN CERTIFYING CAUSES OF DEATH?  YES NO
Hem 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF MUUR	YIN HEM 18, PART 1 OK PART 2)
rkedor	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC)	CITY OR TOW	N COUNTY STATE
: If hem 21 is mo			of wew the body after death.	As by	MEDICAL STAF	te and hour and from the couses stated  221, DAIE SIGNED
MPORTAN		22d PHYSICIAN'S NAME (TYPE	ORPRINTE TO ENN	27R ADDRISS	al he	A MILL
3	23a 6	BURIAL CREMATION, REMOVA	MAY 5, 14175 7	NAME OF CEMETERY OF CREMATORY PARKIAWN CEM.	23d. LOCATION CITY OF TOWN	wind P.G. Md.
5 20M 4) 7/78	24 FL	INERAL DIRECTOR	SAL'S SOURS	A HUATTSVILLE	WAY 784 RE1979	256. REGISTRATES SIGNATURE

ly filled in by the should be filed wi

1	-	FOR STATE REGISTRA
	-	

Albert

(YES, NO OR UNKNOWN)

CERTIFICATION

MEDICAL

prior

the burial-transit and Mental Hygie

ottending physicia

or Hem 18 show

MPORTANT: If Hem 21 is

6a. WAS DECEASED EVER IN U.S. ARMED FORCES?

## STATE OF MARYLAND

FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENT CERTIFICATE OF DEAT		REG. NO. 79-12966				
1 DECEASED NAME FIRST (TYPE OR PRINT) BERTH	A EVELYN	RODELL	20 DATE OF I	DEATH MONTH	10 79	7:00P M		
3. SEX	4 RACE	5. DATE OF BIRTH		RS LAST BIRTHDAY)	IF UNDER 1 YE			
female	white		9 69	YRS	MONTHS DAY	S HOURS MIN		
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRI	D	E CITY OR COUN				
Pennsylvania	USA	WIDOWED TO DIVORCE	D PRINC	CE GEORGE	s Count	Y, MD.		
10. CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION				OF BUSINESS OR		
RIVERDALE, MD	EUGENE LELAND	EMORIAL HOSPITA		for most of working tired	sto			
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b COUR			AITS? 13e STREET A	DDRESS				
Maryland Prince					ale Dr	ive		
14. FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIL		MIDDLE				

182-32-5965 Noreen Whalen same as 13e no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)
PART I. DEATH WAS CAUSED BY: econde IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse

Annie

17. INFORMANT

Huhey

STATE

ADDRESS

(IF YES, GIVE WAR OR DATES)

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1,0 Orabitas 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 19 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NOM YES | NO I 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

220.1 certify that (I) (this bospital) attended the deceased from sow the deceased alive on. and that in (my) (authopinian death occurred on the date and hour and from the causes stated above, (1) (well (did) (did not) view the body after death

22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN MD

22e ADDRESS

Bock

166 SOCIAL SECURITY NO

4404 Queensbury Rd. Riverdale, Md. Byrl D. Johnson 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION

Maple Grove Cemeter Fairchance, Pennsylvania Burial 24 FUNERAL DIRECTOR Wheeler Funerals Home, Inc. Rockville Pike Rockville, Maryland

TO FUNERAL DIRECT should be detached fi DHMH - 16 50M 7/77 (VR A 15 (4))

11 Ten les	
	SERTIA EVELYN DOELL
PRINCE (EDRAGES (DIXTY)	
rat is rooted to be the	RIVERDALLS. III ELGENE LELAND PERDAL LOSPITAL
what a thousand trick !	M. 182 years and the second
	Mana Moon drawn
name of the state of the	
A STATE OF THE STA	COST DESCRIPTION OF THE PROPERTY OF THE PROPER

19-12967

i, li, ii lest ii lest

riel as distributed as a series of the contract of the contrac

rails as 's are, esta ille, c.

Walter Common Walt - Stain row . - we we were the A STATE OF THE STA Kay William Assets - Manage - Singa Post - - - - -Control of the state of the state of the state of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME DATE KNOWN IX 7b HOUR (TYPE OR PRINT) OF ESTI-ROHOSKY paul 2 1979 THOMAS DATE OF BIRTH 3. SEX 4. RACE 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 19494 35 yps PRONOUNCED Aug.1.1944 Male White DEAD 7b. CITIZEN OF WHAT COUNTRY? IN BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED Wash . D.C. U.S.A. Prince George's County 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Disabled Cheverly Prince George's Co. Hospital None USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 6700 North Gate Parkway Clinton Maryland Prince Georges YES NO TH 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE AND OF VIT John Rohosky James Marie Rose Martinek IAL SOCIAL SECURITY NO. Marie Rohosky same as 13 NO None APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 20. AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? DEPARTMENT OF PRIOR TO BURIAL, C YES X NO 21a. EXTERNAL CAUSE WAS 16. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOR pedestrian struck by a vehicle MEDICAL CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21e PLACE OF INJURY (AT HOME. AT WORK AT WHILE highway Prince George's, Maryland Rt.198 226. I certify that I took charge of the remains described above, held an Inspection and in my ppinion Hamicide \_\_\_ Undetermined manner TITLE (SPECIFY) 5/3/79 PAGE 4 SHOU TO FUNERAL L AFTER DEATH, BALTIMORE, M. Assistant MEDICAL EXAMINER Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME TYPE OR PRINT 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial May 4,1979 Trinity Mem. Garden Waldorf Charles. 24. FUNERAL DIRECTOR **DHMH-17** The Huntt Funeral Home Waldorf, Md. VR A15 ME (5)) 15M7/76

. S. M. . March Table of the party of the state tennu , n'oma unamba Last et last et last et last et la last et las . Mr. trobler sand tetrous word out

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-12970 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR Noon (TYPE OR PRINT) ELIZABETH 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS MONTH YEAR DAY DAYS HOUR5 To BIRTHPLACE 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pro Georges County DIVORCED [ WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Housewife BALTIMORE, MARYLAND 21201 Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Annapol 13a. STATE 136 COUNTY Bladensburg 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 0 YES [ NOF 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE LAST Unknown Unknown 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Annapolis (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY PRESTON ST., IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT NO F Mentol Hygie 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION 0 CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an obave, (I) (we) (did) (did not) view this and that in (my) (pur) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING STAFF MEDICAL \* be deta e Stote ( PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIA S NAME (TYPE OR PRINT) 22e ADDRESS ld b should by with the IMPORTA Lenkin Myron 2309 23c NAME OF CEMETERY OR CREMATORY. 23d LOCATION 23a. BURIAL, GREMATION, REMOVAL 23b. DATE CITY OR TOWN (SPECIFY) lay 16, 1979 Odd Fellows Cemetery Burial Burlington Burlington N.J. REGISTRAR 256. REGISTRAR'S SIGNATURES 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 F. Gaseh's Sons P A Hyattsville, Md. (VR A 15 (4))

	MACA HIBBURE	
ALL ALL STREET,		
the a section of		
y est committee the v		AR HARA
STATE OF THE PARTY		
introduct	DIFORM IN	
Now introduction that the test to the	control tive (m. t., t. p.)	- 0140
	Commission of the second	a tripe of 2

STATE OF MARYLAND

1 tem 11 8002 0/12//9 87

7 7	MAY 19, 1970	Č.	LADL	.05A:	Jun	OF .
	ça l	1381 .08	_116	O Pu	Æ	. L. A
	F1C. 6 0, 6 S			E <sub>A</sub> U	1	MORTA SAROUE
MATTA BU	ANTO TVA					المالية المالية
المالية المالية	15.2 MT.THOP S. O.		الله	CXOL	.D.S	JAMINA.
اساة		· · · · · · · · · · · · · · · · · · ·	(c)	IIA50		WLibrary
.16 4	olinila est salva		1938	3 543	LLNV	YWAA IJ G I
	halifon madelmoo					
SL FEL IS	ero, formulan .Ta	MARTINE SEE				n zoval
	Ti medgetied	m Cemetery	admed Lock		els.	M 's Havy

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer

V	
0	

Page 4 may be

FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-12972

200		REGISTRAR				CERTIFICATE OF DEATH		REG. N					
1	I. DECEASED NAME (TYPE OR PRINT)		FIRST MIDDLE		MIDDLE	LAST		20. DATE OF DEATH MONTH D.		DAY YEAR	2b. HOUR		
1))	(,,,,,	Contributy	HELE	IN I	MI	SCH	IIRMER	May25	,1979		7.20		
-	3 SE	x		4 RACE		5. DATE (		& AGE (IN YEARS LAST BE		IF UNDER I YEAR			
		Female		Caucas	ian		10,1932	46	YRS.		MOOKS MI		
110		IRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	DENEVER MARRIED	9 BALTIMORE CITY					
5		Ohio		U,S.A.		WIDOWED DIVORCED		Prince Georges Co.					
13		ity or town of di anham			E OF HOSPITAL, NURSING HOME ( IN SUCHFACULITY, GIVE STREET ADDRESS), COTS HOSPITAL OF		Pr. Geo. Co.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Desk Clerk		E) INDUSTRY	12b. KIND OF BUSINESS INDUSTRY Peebles		
35	13a :	ALRESIDENCE (IF NU STATE aryland	136 COUR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOW  Crofton	E ADMISSION)	134. INSIDE CITY LIMITS? YES X NO	130. STREET ADDRESS 1709 Tarl	eton W	lay			
A Long	14. F/	ATHER'S NAME		WIDDIE	LAST		15. MOTHER'S MAIDEN NA	ME					
1	I	Lawrence		MIDDLE	Svancar	9.	Magdaline	WIDDLE		LA	AST		
0 6	16a. \	WAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS				
De la constantina	L'	no	, , , , ,	/8.	281 30	9272	Edward Schir	ner Same a	s # 13	3			
e .		II CAUSE OF DEA	TH (Enter or	ly one couse per	line for (o), (b), and (c).)						XIMATE INTERVAL LONSET AND DEA		
, de la composition della comp		PART I. DEATH WAS CAUSED BY: IMERATIC COMP.									) days		
212		4381	15 C 3										
5		Conditions, if ony, which (b) LIVER FIBROSIS								/	YEAR.		
		gove rise to immediate											
5	Underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF CHRONIC CONGESTIVE HEART FAILURE.								5	YEARS			
		PART 2. OTHER SIG	SNIFICANT (	10/				D TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)					
5	N O	HYL	OPROT	HROM BIL	VEMIA - 8	ASPL	INTESTINAL B	CEEDING					
ony	CERTIFICATION	190 DATE OF OPER		196 CONDITION FOR WHICH OPERATIO				200 AUTOPSY? 200, IF YES, WERE FILL IN CERTIFYING CAL		WERE FIND	NDINGS USED		
SW -	Ē							YES NO	-	S [	NO [		
0	W	210. ACCIDENT WAS U			FINJURY M. MONTH DA	AV VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18, P	ART 1 OR PART 2)			
7	3	OR CONTRIBUTING (IF EITHER, NOTIFY MED		ATT.		19							
0	MEDICAL	21d INJURY OCCU		21e PLACE	OF INJURY	A DAM STC )	211 LOCATION	CITY OR TO	)WN	COUNTY	STATE		
N N	2	WHILE NOT	WHILE	TAT HOME, ST	REET, PACTORY, OFFICE, P	ARM, ETC.)		- /	_		JIAIL		
Ē		220 I certify that (	20 I certify that (I) (this herostal) attended the discosed from ROG. 19/6 to 1/25 19/79, that (I) (wa)										
51 7	sow the deceased alive an												
E	Th SIGNATURE DEGREE										ESIGNED		
=		1	1	epo	123	V	ATTENDING PHYSICIAN	MEDICAL STA		15/	26 /79		
7		22d PHYSICIAN'S N		PRINT) EPET	DIC		22e ADDRESS	1. 0	d Bou	ne M	1 2071		
<u> </u>		KOBERT						ETRACK K	3 000	010.11	0 800 11		
	230.	BURIAL, CREMATION					CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN CLINTON	MD	COUNTY	STATE		
-	24 5	Buria		29 MA			CTION CEMETERY			6 de escencia	Mine O		
)M /78		UNERAL DIRECTOR			Funera	I Hom	AD LIVE 250 DAT	E REC'P. BY REGISTRAL		RAR'S SIGNA	ALE C		

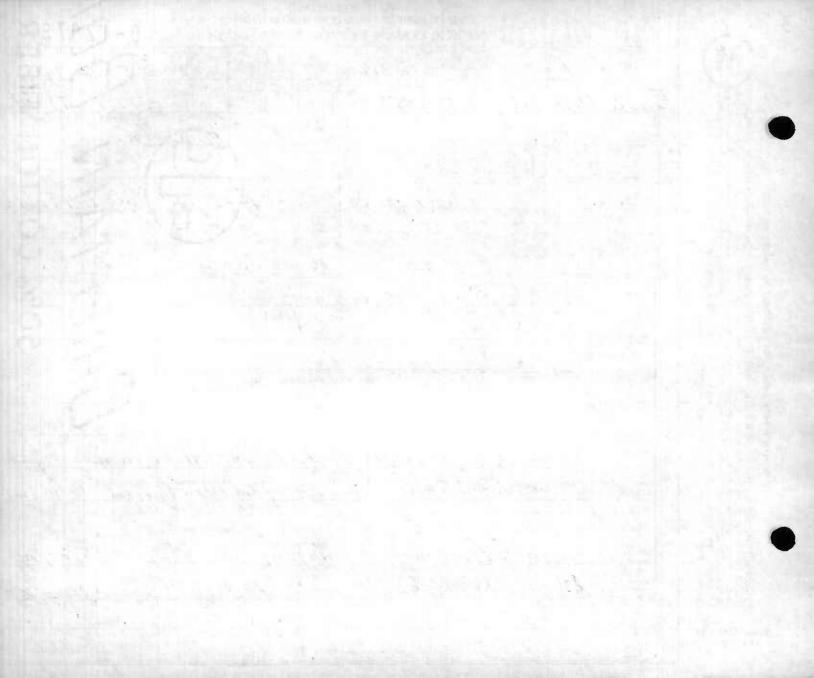
DHMH-16 20M (VRA 15, 4) 7/78

9013 Annapolis Rd. Lanham, Md.

TO HOSPITAL

79-12972

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME DATE KNOWN 2b. HOUR OF ESTI-DEATH MATED TYPE OR PRINTI LeAnne AGE (IN YEARS IF UNDER 1 YR. 5 DATE OF BIRTH 4 RACE IF LINDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED DEAD To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Washington, D.C USA WIDOWED DIVORCED 7.0 00 12a. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 26. KIND OF BUSINESS SHOULD BE FILED. FOR MOST OF WORKING LIFE) OR INDUSTRY LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Prince Cheverly General George RECORDS, 126 FOUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13a STATE YESK 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE McClellan Scriber Mae Joseph Lester DIVISION OF 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. Maddox. Md. Joseph L.Scriber None No CAUSE OF DEATH (Enter only one cause per lige for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF A BURIAL-TRANSIT Canditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL. YES NO [ 216. TIME OF INJURY 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OID HOUR A.M. MONTH DAY YEAR DOR UNDERLYING In sew on CONTRIBUTING CAUSE OF DEAT 21f LOCATION 21d. INJURY OCCURRED AT WORK AT WHILE STREET PAGE nound GE 4 SHOULD BE TOUR PETER DEATH, WITH THE STATEMORE, MARYLAND, 21 22a. I certify that I taak charge of the remains described above, held an Autopsy and in my opinion death resulted from: Accident Homicide Undetermined manner Noturol coures TITE (SPECIFY) EXAMINER'S NAME 0 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE Burial Sacred Heart Cem. Bushwood DHMH-17 20M 1/73 25e, DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR (VR A15 ME (5)) Clarke Mattingley Leonardtown, Md



			1	Fig.		
	Told Common Comm		Jeffrain-	basisle	e Lokgoy III	
A 1.75 of	Laguage deta	# 500	Stant.	a forward	berten	
193	2.5000		HA PART		Timeseral	
dime once in	strig tob Landy of	dant -			0.7	
		18 17 310				
				,		
		CONTRACT DESIGNATION IN		13C / C. H.	18416	

## REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) MAY 15, 1979 CATHARINE SHIVELY 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH DAY VEAR Female .1893 Caucasian Nov. TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH rol 72 COUNTRY) MARRIED NEVER MARRIED West Virginia WIDOWED DIVORCED [ Prince Georges NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) by th Doctor's Hospital of Pr. Geo. PRESTON ST., BALTIMORE, MARYLAND 21201 Lanham Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY filled ould b 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 196 Magnolia Avenue West Virginia Harrison Clarksburg YES X NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Etta Norman Garrison Barrickman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Poges (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) ROBERT STUART , Son-in-law 736-6931 no AVE. DISTRICT HOTS physici 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 ò DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying couse lost 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) bur CERTIFICATION O prior Sny 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? pe shows and Mental Hygie certificate 216. TIME OF INJURY 210, ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 iol-troi HOUR A.M. MONTH DAY YFAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211, LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY D (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE WHILE AT WORK 22a I certify thow(1) this hospital) attended the deceased from ond that in (m) (our) opinion death occurred on the date and hour and from the causes stated deceased-alive (we (dig) (did got) view he body ofter death Dept. 226 SIGNATURE DEGREE ATTENDING 4 MEDICAL STAFF be deto FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS t Lewis H. Dennis, M.D. East Silver Spring 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION BP Burial Core Cemetery Core, Monongahel 24 FUNERAL DIRECTOR Robert G. Beall Funeral Home

9013 Annapolis Road Lanham , Md. 20801 WS

FOR

- STATE

DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2h HOUR

126 KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH

NO [

STATE

STATE

VA.

IF UNDER I YEAR

INDUSTRY

YES [

COUNTY

COUNTY

home

9:20AM

IF UNDER 24 HRS

the state of the second of the second state of the second of the second

2	1		2			STAT	E OF MARY	LAND				
	1	- STATE REGISTRAR (AKA	Shirl	ey Sie	gel) DEPA	RTMENT OF F	ICATE OF	MENTAL HYG DEATH	IENE REG. N	10.	79-12	976
* 6. <del>2</del>		ECEASED NAME E OR PRINT)	FIRST	. ,	WIDDLE		EGEL	186 11	20. DATE OF DEATH	MONTH 5	8 79	26. HOUR 11:20p
deo	3 S		ophie	RACE	NMN)hie	5. DATE O			6 AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS
of the state of th	-	EMALE	·	WHITE			5, 189	98 YEAR	81	YRS	MONTHS DAYS	HOURS MIN.
# 72 four	9	SIRTHPLACE (STATE OR FO	DREIGN 71	U.S.A	WHAT COUNT	MARRIE WIDOWI		MARRIED DIVORCED	9 BALTIMORE CITY Prince			
notified with		verdale	тн 1		HOSPITAL, NUF THE LETA			STITUTION	120 USUAL OCCUPATION OF WORK FOR MOST Housewife		LIFE) INDUSTRY	F BUSINESS O
should be fer must be	130	JAL RESIDENCE (IF NURS STATE LTYLAND	136 COUNT	THER INSTITUTION Y Geo's	Hyatts	OWN	13d INSIDE YES 📉	CITY LIMITS?	130. STREET ADDRESS 5116 Edi	monst	on Rd.	
examine examine	14.1	ATHER'S NAME FIRST	nknown	DDLE	LAST		15. MOTHER	r's maiden namer first Un	known MIDDLE		LAS	л
dical	160	WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARM	ED FORCES?	166 SOCIAL SI	ECURITY NO.	17 INFORM		ADDR			
S B B B B B B B B B B B B B B B B B B B	L	No			214 60	4277	Adria	an Bende	rmeyer (da	u) sa	me as bl	
movol.		18 CAUSE OF DEATH PART I. DEATH W	H (Enter only AS CAUSED IMMEDIATE	BY:	rline for (o), (b) Carcino						1 mo	nth
ion, or re		Conditions, if ony,			oras a conse Oat cel	QUENCE OF Carci	noma o	of right	lung		Unkn	.own
l, cremat ather tra		gove rise to imm couse (a), statin underlying couse	g the	DUE TO, O	R AS A CONSE	DUENCE OF						
burio burio ry, ar	_	PART 2. OTHER SIGN	NIFICANT CO	NDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR COM	ADITION C	GIVEN IN PART 10	DI
or 10	ξ		228		Parkins			1. 1. 1				
ows and	CERTIFICATION	19a DATE OF OPERAT	ION	19b. COND	ITION FOR WH	ICH OPERATIO	N WAS PERF	ORMED	280 AUTOPSŸ?  X YES □ NO 💽	IN CER	YES, WERE FIND IN TIFYING CAUSES YES [	OF DEATH?
em 18 shov		21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF C	AUSE OF DEATH			DAY YEAR	21c. HOW	INJURY OCCURE	RED (ENTER NATURE OF IN)	JRY IN ITEM 1	8, PART 1 OR PART 2)	
ked or #	MEDICAL	21d. INJURY OCCURE	HILE [	21e. PLACE	OF INJURY REET, FACTORY, OFF	CE, FARM, ETC.)	21f. LOCAT STREE	ION	CITY OR TO	NMN	COUNTY	STATE
of Health		22a 1 certify that (I) sow the decease above, (I) (we) (c			- 0	70	1-7	, 19 <u>72</u> y) (our) opinion (	to, to	5-8 date and h		that (I) (we) la couses stated
ept.		22b. SIGNATU	(alamet)	view the body	offer deoth.	/	DEGREE			721	22c. DATE	SIGNED
T: If I			11/2	ruce	esun	/		ATTENDING PHYSICIAN	MEDICAL STA	CIAN [	5-9	-79
TAN	1	22d. PHYSICIAN'S NA	AME (TYPE OR F	PRINT)	30110	HATTE OF	22e ADDRE					
with the Stot				umann,					bury Rd.,	River	dale, Md	. 20840
	230	BURIAL, CREMATION, (SPECIFY)  Cremation	REMOVAL	236 DATE 5/10/7				Crematory	23d LOCATION CITY OR TOWN	dri a	Virgini	STATE
A7/77	24	UNERAL DIRECTOR	ocahte					25g DAT			ISTRAR'S SIGNA	
))		Francis G Hyattsvi	ile, Mo	a. Sonse	unerar.	nome, Pl			MAY 1 4 19/	4 1	7	/

				(laplate points)	
			12	1.000	A3
	TREATH OF	5, 1800	TAN	197112	3,900.9
				.4.8.4	atasa.
.to. mo June	amba dengili		of (East)	Fr. Goots Rgs	
	morsign				
Latter Li serve	(nub) rownski	not extend	770 60	. [	
				. 55	
				25%	
				25%	
				25%	

19-12977 A POST OF THE PROPERTY OF THE

	1.	FOR STATE REGISTRAR			DEPARTA	AÈNT OF H	E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	ENE REG. N	7 9	- 12	9 7 8
		CEASED NAME ORPRINT)	ONOFRI		S.		IROLDO	2ª DATE OF DEATH	MONTH OA		HOUR
7	1 07				ο.			1/1	13/ 21	(11)	IF UNDER 2
1)	3. SE	00010	4.5	RACE		5. DATE O	DAY YEAR	AGE (IN YEARS LAST BIR			HOURS
צ	70 B	RTHPLACE (STATE OR F	ODERCHI ZA	CAUC	WHAT COUNTRY?	(2	ept. 12,1897	81  BALTIMORE CITY C	YRS	DE DEATH	
97	C	taly	OREIGN /B	USA	WHAT COUNTRY:	MARRIED	DI DIVORCED	<b>A</b> .	Seor 6	_	
76	10 C	LINTON		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET RN MARY	ADDRESS),	HOSDITAL CENTER	12m USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retire	ION OF WORKING LIFE)	12h KIND OF INDUSTRY Barbe	
34	13a :	AL RESIDENCE (IF NUR.		ER INSTITUTION,		ADMISSION)		13e STREET ADDRESS 7200 Wesse			
-	_	THER'S NAME			1 -1	- 0	15 MOTHER'S MAIDEN NAM	NE .	21 22 4		
1/1		Onofrio	MIDO	DLE	Smirol	do	Santa	MIDDLE		Pal	ella
1		VAS DECEASED EVER	IN U.S. ARMED	FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRI	ESS		
/		no or unknown)	none wa	R OR OATES)	5 <b>7</b> 8-46-8	1832	Lucy B. Smir	oldo same	as ite	m 13	
		IL CALISE OF DEAT	M (Enter poly o	00 57140 001	line for in) (b) no	dieii	0.1			APPROXIMA BETWEEN ON	ATE INTE
		PART I. DEATH W			Test.	1.2/	The Kailing	,		BETWEEN ON	M .
		1161	IMMEDIATE C		1 carried		and dans	4		1 11	(
		4/6-		DUE TO, OI	R AS A CONSEQUE	NCE OF	1 to Tina	Tures Oi		1011	
	l	Conditions, if any		(b)	mune	10	manus ?	fully les	em	167	ear
		cause (a), statir underlying cause	ng the	DUE TO, OI	R AS A CONSEQUE	NCE OF		U			
	N O	PART 2 OTHER SIG	NIFICANT CON	DITIONS <u>CC</u>	ONTRIBUTING TO [	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	N IN PART 1(0)	
2	CERTIFICATION	190 DATE OF OPERA	TIÓN	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, YES IN CERTIFY!	WERE FINDING NG CAUSES O	S USED
_		21a ACCIDENT WAS UNITED OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	YEAR	21c HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	T I OR PART 2)	
9		,		Y	0.5						
9	MEDICAL	21d. INJURY OCCUR	HILE 🗆	21e. PLACE ( (AT HOME, STR	DE INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	ST
9	WED	21d. INJURY OCCUR WHILE NOT WAT WORK AT WORK 22a   certify that (1)	ORK (this hospital)	(AT HOME, STR	e deceased fram_		6 197)			7.9. th	ot (I) (
9	MED	21d. INJURY OCCUR WHILE NOT W AT WORK AT WC  22a I certify that (I)	(this hospital)	ottended the	e deceased from					7.9. th	ot (I) (
9	MED	21d. INJURY OCCUR WHILE NOT WAT WORK AT WORK 22a   certify that (1)	(this hospital)	ottended the	e deceased from	<b>2 9</b> , on	1.9 7 ) and that in (my) (own) agrinian d	, to eath occurred on the d	ate and hour c	7.9. th	ot (I) (
9	MED	21d. INJURY OCCUR  WHILE NOT WAT WORK AT WO  22d. I certify that (I)  sow the decease above, (I) (week (i)	(this hospital)	ottended the	e deceased from	<b>2 9</b> , on	nd that in (my) (ow) aprision d		ate and hour c	7. the	ot (I) (s
9	MED	21d. INJURY OCCUR  WHILE NOT WAT WORK AT WO  22d. I certify that (I)  sow the decease above, (I) (week (i)	(this hospitel) (this hospitel) (did not) vi	ottended the	e deceased from	<b>2 9</b> , on	1.9 7 ) and that in (my) (own) agrinian d	, toeath occurred on the d	ate and hour c	7. the	ot (I) (·
9	MED	21d. INJURY OCCUR WHILE NOT WAT WORK AT WO  22a L certify that (I) Saw the deceas above, (I) (wet)  22b. SIGNATURE	HILE (this hospital)  (this hospital)  ed alive an  did) (did not) vi	ottended the	e deceased from	<b>2 9</b> , on	nd that in (my) (ow) aprision d DEGREE ATTENDING PHYSICIAN	, to eath accurred on the di MEDICAL STA DIRECTOR PHYSIC	ote and hour o	27 P., thrond from the co	ot (I) (vises sto
9	236. (	21d. INJURY OCCUR  WHILE AT WORK  220 I certify that (I)  SOW the deceas above, (I) (week)  22b. SIGNATURE  22d PHYSICIAN'S N.  ROBERT  SURIAL, CREMATION,	(this hospital) ed alive an did) (did not) vi  AME (TYPE OR BAT  NEDZ	ottended the	e deceased from	2 % . on	DEGREE ATTENDING PHYSICIAN 27e ADDRESS	medical STA DIRECTOR PHYSIC	ote and hour of	the proof from the co	ot (I) (v
9	236. (	21d. INJURY OCCUR WHILE NOT WAT WORK AT WO 220 I certify that (1) say the deceas above, (1) (weet () 220. SIGNATURE 220. PHYSICIAN'S N. ROBERT	(this hospital) (this hospital) (did not) vi  AME (type or ph	ottended the ew the body,	e deceased from  3 7 19 5 after death.	A NAME OF C	DEGREE ATTENDING PHYSICIAN P 170 ADDRESS 5620 St. Baz	MEDICAL STA DIRECTOR PHYSIC	ote and hour of	27 P., thrond from the co	or (I) (viuses sto
9	236. (	216. INJURY OCCUR  WHILE NOT WAT WORK  220 I certify that (1)  SOW the decease  SOVE, (1) (Weet (1)  226. SIGNATURE  226. PHYSICIAN'S N.  ROBERT  SURIAL, CREMATION,  SPECIFY)  BURIAL  UNERAL DIRECTOR	(this hospital) (this hospital) (did not) vi  AME (type or ph	ottended the ew the body,	e deceased from	A NAME OF C	d that in (my) (am) apinion d DEGREE ATTENDING PHYSICIAN P 170 ADDRESS 5620 St. Ba. EMETERY OF CREMATORY 11 Cemetery	medical standard on the domination of the domina	OXON H:	276, the proof from the co	or (II) (II) (II) (III) (IIII) (III) (III) (III) (III) (III) (IIII) (III) (III) (III) (III) (IIII) (IIII) (III) (III) (IIII) (III) (III) (III) (III) (III) (
9	23a. { { 24 F	216. INJURY OCCUR  WHILE AT WORK AT WO  220 I certify that (I)  SOW the decease  Obove. (II) (west)  226. SIGNATURE  226. PHYSICIAN'S N.  ROBERT  SURIAL CREMATION,  SPECIFY)  BUTIAL	AME (TYPE OR PA	ottended the ew the body,  BALA  BALA  BALA  CONTROL  CON	e deceased from	NAME OF C	DEGREE ATTENDING PHYSICIAN PATENDING PHYSICIAN	medical STA DIRECTOR PHYSIC  mabas Rd.,  23d LOCATION CUT OR TOWN Suitland	OXON H:	276, the pand from the co	or (II) (II) (II) (III) (IIII) (III) (III) (III) (III) (III) (IIII) (III) (III) (III) (III) (IIII) (IIII) (III) (III) (IIII) (III) (III) (III) (III) (III) (

t. 1.7 1

d. or. see. since where ... The cases in.

[9.5. Malan Clad mon 431 No. wood of L. M. C. P.

FOR

STATE OF MARYLAND

Management of the state of the ī Smith war 4 y D' 11. Enter Common Common Shart META Electric Construction The state of the s CHEYO SOUTH BY STANIA Note at the transfer of the second second second second MARKET BEING TO THE RESIDENCE William Committee Committe CREME IN SEPTIFIC FOR SURVEY OF THE PROPERTY OF THE PARTY AND STATES Service of the party of the par

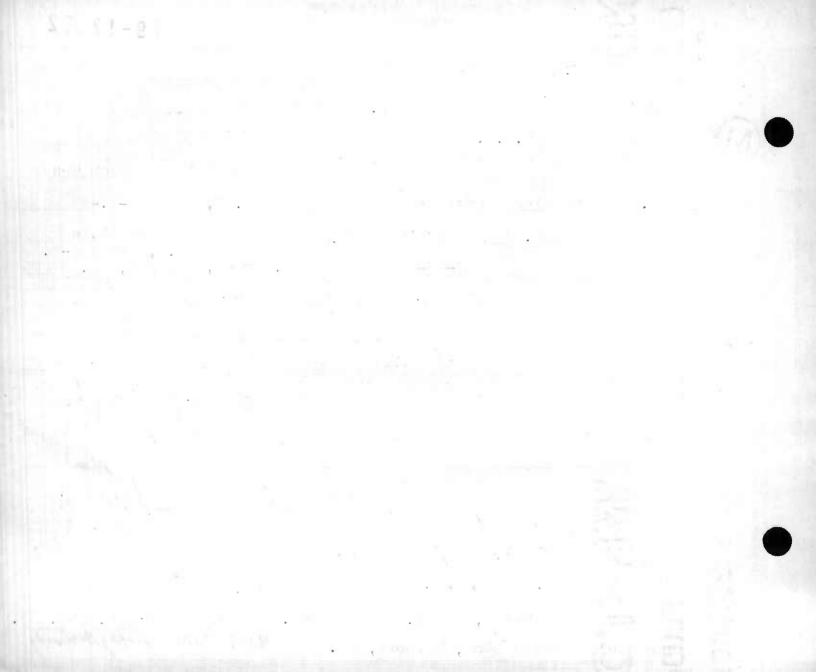
STATE OF MARYLAND

FOR

1:0 07 71 (6)	· To entire	and conce	bushic	
7:1 87 78 4:1		10,1961 67	jaman ejl	
.00	re . T.		ŋ	
C.o.ye your	Seigl domi	49.80% ±000 ±00	Ð .71	Unovert,
.044	.bacc fore x	dim. s. offet	.W.9	<b>a</b> 1 - 4
Tomolijio	853 FY 1/101	nlime		aoana s
SHOULD BUILD BUILD SHOW	(oli ) utile . Asile			071
	CONTRACT OF MARKETS			
NAME OF THE PERSON OF THE PERS			X 23 4 2	
The Manual State	1 500 663 1 6012	Paragraph (C)	ST LAND	
P.G. 193.	Laure Col. Laurel	or .isan .bM. 8	7-01-0	latun
		.A. Hyacon, M.	Sons F.B. F	winds a

18881-87 unidea de liberal Basser e la la lamba lamba de mais emitera Transfer . Transfer . Lineary . Line · 6 t 、 Martin 。 Dendet 14 mm (中部) NiSt - 2- 北外 アープルルトラ The state of the same of the same of

	-	6				STA	TE OF MARYL	AND				
	1.	FOR STATE REGISTRAR			DEPA		FICATE OF	MENTAL HYG DEATH		REG. NO	79-12	982
		CEASED NAME	FIRST		IDDLE		LAST		2a. DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
poge 3			MILDRE	D Lo	uise	SI	POONER			05	02 79	9:15Am
e Po	3. SE	x	9	RACE			OF BIRTH		6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YE	
s of		emale		White		Oct		1915	63		MONTHS DAY	
(N) 42	C	RTHPLACE (STATE OUNTRY) Chansas	OR FOREIGN 7	U.S.A		RY? II MARR	ED NEVER	MARRIED		CITY <u>OR</u> COL E GEOR(	INTY OF DEATH	MD.
74	10. C	CHEVERL					OR OTHER INS		120. USUALOCO (TYPE OF WORK FOR Beauti	MOST OF WORK	NG LIFE) INDUSTR	O OF BUSINESS OR PRY OWner
be file	USU	AL RESIDENCE (IF	URSING HOME OR C	THER INSTITUTION,	GIVE RESIDENCE BI	EFORE ADMISSION	()				151101	J Owner
should I		Id.	Char]		Walde	-	YES T	CITY LIMITS?	13. STREET ADD		185-B	28
sho sho		ATHER'S NAME		,		711		S MAIDEN NAM	ME		TOU-D'-	- 610
mplete and 2	Co	FIRST	M.	DDLE	LAST	rris	Peggy	FIRST	May	IDDLE	Skille	LAST
- 0		OTE	ER IN U.S. ARM	ED FORCES?	166 SOCIALS		17 INFORM			ADDRESS O	, Box 2	
Poges medico	. (	NES, NO OR UNKNOWN	(IF YES, GIVE V	VAR OR DATES)	379_19	1534	Darhe	ara A				1. 20675
e		No					Daine	ala A.	Bruce,	POINT	Tet, MC	OXIMATE INTERVALEN ONSET AND DEATH
og physicia ban papers removal.		PART I. DEAT	WAS CAUSED		Terro	scless	the Co	indian	godulas	Nes	eace	10 UNS
catendin nove carb ation, or troumatic		Conditions, if		DUE TO, O	S A CONSE	QUENCE OF	1 anti	ery X	Vistas	0 -		10 lin
by the case remain of cremat		gove rise to cause 101, st underlying co	oting the	DUE TO, OR	A REGINA	OUENCEOF	clero	sto, &	Louisa	luxel		10/10
an signed Then ple in to burk injury, a	NOI	PART 2 OTHER S	IGNIFICANT CO	MU CO	INTRIBUTING	TO DEATH BL	T NOT RELATE	D TO THE TERM	INAL DISE OF	Leas	GIVEN IN PART	Jettuci
hos been the permit tene price tows any	CERTIFICATION	190 DATE OF OPE	RATION	196 CONDI	TION FOR WH	ICH OPERATI	ON WAS PERFO	ORMED	YES NO	7? 206 A	YES, WERE MINI ERTIFYING CAUS YES []	DINGS USED SES OF DEATH? NO []
physical phy		218. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M	CAUSE OF DEAT	21b. TIME OF HOUR A.A	A. MONTH	DAY YEAR	?	NJURY OCCURR	RED (ENTER NATURE	OF INJURY IN ITE	M 18, PART I OR PART 2	b
ding ding S ce Men	MEDICAL	21d. INJURY OCC		21e PLACE C	OF INJURY		21f LOCATI	ION		,		
otten otten sthe hond orked o	¥	WHILE NO	WHILE WORK	(AT HOME, STRI	EET, FACTORY, OFF	JCE, FARM, ETC.)	STREET	10	/x	YORTOWN	COUNTY	STATE
R: Af		72s I certify that	(h) (this hospite	il otherded the	deceased	omi	en	_ 19_//	<b>1</b> . to	7/ 2	1. 19/7	, that (I) we) lost
Spito CTO I for of h			did fid not	View/the Mody	Step clysth.	7-	ord that in imy	(our) opinion o	death occurred or	tie date and	Mour and fom I	he countrated
the ho at DIRE etachec ite Dept		27h SIGN	ellin	wx)	Les	lus	W	ATTENDING PHYSICIAN	MEDICAL DIRECTOR [	STAFF PHYSICIAN	111. DA	13/70
NER NER TAN	1	22d PHYSICIAN'S				1	ADDRE				rollto	111
should be with the IMPORT			LLIAM D.						Ave. Ma	rylan	d 20784	
Z 6 - 2 2	23a (	BURIAL, CREMATIC	N, REMOVAL	23b. DATE			CEMETERY OR		23d. LOCATIO	WN.	COUNTY	STATE
BP		Buri		May 5	, 79 1	rt. Li	ncoln					Geo. Md
DHMH-16 20M (VRA 15, 4) 7/7B		ne Hunt		ral Ho	me, ADDRESS	aldor	, Md.	25e. DAT	MAY 9 REGI	1979" RE	GISTARYSIGN	Webreedy



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN A MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-Steele--John Martin DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 25-09 DEAD TO BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY MANAMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUM OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Doctors Hospital of Pro Georges Co Retired engineer OR INDUSTRY Lanham 3. RETAIN PA Heating RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13h COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13¢ CITY OR TOWN Pro Georges Seabrook-10004 Old Franklin Avenue Md NO [ FORM PM 3. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Martin Steele Linda Baldwin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7 INFORMANT MITH FO (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES" Kathryn R. Steele Seabrook, Md. 215 38 3819 No 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) tenoseluotie ander Vasculer de PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 4 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES | NO F E 3 SHOULD BE E DEPARTMENT ( PRIOR TO BURIA 띪 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY LATHOME 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, EARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I taak charge of the remains desembed above, held an GE 4 SHOULD BE FOR FUNERAL DIRECTOR: Autapsy Inspection and in my apinion death resulted frame Natural causes Accident Suicide Hamicide L Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER BALTIMORE, EXAMINER'S NAMINIGUSTO P. Rodrigu .M.D. 12800 Willow Wind Circle, Oxon Hill, Md. 2002 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 5/11/1979 Ft Lincoln Cemetery Md. Brentwood Pro Georges Burial BP 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** F. Gasch's Sons P A Hyattsville, Md. (VR A15 ME (5)) 15M 7/77

money out them the institute of the state of ability while the state of the " " " July 35 of 15 to thank MATERIAL SET MONO, The Line and Marie World of the state of the second o EVITABLE OF THE STATE STATE OF THE Long to the street of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED 4. RACE IF UNDER 1 YR. 6. AGE (IN YEARS IF UNDER 24 HRS DATE PRONOUNCED DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BAUIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Missouri USA DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION ID. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY ( IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Prince George's Hospital Retired U.S.Gov't Cheverly USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 130. STATE 136 COUNTY 3d. INSIDE CITY LIMITS? 13e. STREET ADDRESS P.G 13112 Brandywine Road Md. Brandywine YESE NO [ 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Straub Wirth Elizabeth Louis John 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. **ADDRESS** IYES, NO, OR UNKNOWN) HE YES, GIVE WAR OR DATEST Helen E. Straub, Wife, Same as Above Yes 495-16-8603 CAUSE OF DEATH (Enter only one couse partitive for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Case pro- Carden IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES NO [ DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME, 214. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM ETC ) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P, AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from Natural coures Accident Hamicide Undetermined manner EXAMINER'S NAM TYPE OR PRINT 23a.BURIAL, CREMATION, REMOVAL 23b. DATE Burial 5-19-79 Wash. Natl. Cem. Maryland Iand DHMH-17 20M 1/73 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Robt E Wilhelm 4308 Suitland (VR AT5 ME (5)) Funeral Home Rd. Suitland, Md

79-12905 MURATE LE LES SAFE 132 MILELY & WEBLIN abilities with the last the court is come to the court But the commence of the part of the property. the state of the s The state of the second A DESCRIPTION OF THE PARTY OF T

STATE OF MARYLAND 79-17986 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 26 HOUR DECEASED NAME 1 1/1/ 923 (TYPE OR PRINT) **JOSEPH** Francis AGE (IN YEARS LAST BIRTHDAY) 4 RACE S. DATE OF BIRTH 3. SEX MONTH 20 1910 White 68 Mav Male BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY Wash., D. C. USA WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CHEVER! Y PRINCE GEORGE'S GENERAL HOSPITAL Retired - Motor Vehicles DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 138 STATE 138 COUNTY 138 COUNTY St. Mary's Abell BOX 156 Gerards Cove Rd. Md. 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Burke MIDOLE Julia Sullivan, Sr. Joseph ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Above LIFYES GIVE WAR OR DATES) 577-05-3235 Dorothy L. Sullivan, Wife, Same as Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: brovascular Accident lan Arkerioscherosis Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO and Mental Hygie 18 sho 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED THE PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) this hospital) attended the deceased from\_ and that in my (our) apinion death occurred on the date and hour and from the couses stated (did not) view the body ofter death 22b. SIGNATU DEGREE 22t. DATE SIGNED ATTENDING PHYSICIAN X MEDICAL be deto e Stote l DIRECTOR PHYSICIAN 22e. ADDRESS should be with the Landover Rd. Landover, t 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL Cedar Hill Cemetery Suitland, P.G., Maryland 5-16-79 Burial 24 FUNERAL DIRECTOR Robt E Wilhelm ADDRESS 4308 Suitland 250. DATE REC'D. BY REGISTRAR 250. REGI DHMH - 16 60M 1/75 Funeral Home Rd., Suitland, Md. (VR A 15 (4))

3-12386 

STATE OF MARYLAND

23c NAME OF CEMETERY OR CREMATORY

Ft. Lincoln Cem.

74 FUNERAL DIRECTOR . Gasch's Sons F.H. P.A. Hyatts. Md.

23b. DATE

6 - 1 - 79

230. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

23d, LOCATION

Brentwood

26 HOUR

HOURS

176 KIND OF BUSINESS OR

Sturgell

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO IT

STATE

Md.

COUNTY

P.G.

22c. DATE SIGNED

May 29, 1979

Own Home

IF UNDER 1 YEAR

INDUSTRY

8:10P

IF UNDER 24 HRS

Lo rining

.D. 9

11 4 4 4 1				
WI:8	No. 36, 1970	, 11. Y ?	*1	10101
	06	Jan. 18, 1925	hilte	e i la company
	,00 a 25 a 2	×		cido
	slingend.	ນ ທ່າງຄວາ	Pr. Ret. Gen.	1. sevent
* b.E. r	,081-3347 0018	X	sinnevil .	F. Bit.
diegrufe cens ande as	• 1	A la	ioh King	ากสำน
	07. 2011.4.11	72   KAL ph P. St.	Com ( Com Della a)	0.4
	3.4 First		\ X.E\	
1 2 2 gr				
inte, eni	valieyH .bH dme	siis Belor		Repert D. Doi:

. . . . ileosia .f.

P. Gasch's Sons P. S. P.A. System. Mc.

Onlaw!

Durial

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR

REGISTRAR

- STATE

79-12988 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

CERTIFICATE OF DEATH 2a DATE OF DEATH

STATE OF MARYLAND

MONTH YEAR

26 HOUR 24

10:45 PM IF UNDER

Prince Georges

12h KIND OF BUSINESS OR

(TYPE OF WORK FOR MOST OF WORKING LIFE)

Own Home

Breeden

IN CERTIFYING CAUSES OF DEATH? YES [

COUNTY

STATE

77c DATE SIGNED

La Plata, Charles, Md. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 1/75 (VR A 15 (4))

Property of the second of the and the least seemed to the second of the se Code total a santa ad catagod Manager Control of the Control of th BELLEVILLE - TO LEGAL TO LEGAL TO BE A CONTROL OF THE TAX ------. H Cantrada provide all wrests no see . 15 etc. 14d

6	1	500			AARYLAND	VOIENE		
3	1	FOR - STATE	ME	DEPARTMENT OF HEALT			70-1798	q
(200)	1.	REGISTRAR DECEASED NAME	FIRST	MIDDLE -	LAST	20. DATE KNOWN	HOY ZYO	2b HOUR
		Type on pay (T)	Jeorge R	· IAYLOR	2	OF ESTI- DEATH MATED	D5-18 1074	M
PP, PUE DIRECT DUR FI 72 HOL	3	Macy W	L. TO MONTH DAY	YEAR LAST BIRTHDAY) MON	NDER I YR. IF UNDER 2	24 HRS. 26. DATE MIN PRONOUNCED 5	18 DAY YEAR	1300
FRESTO PRESTO	5	BIRTHPLACE (STATE OR	7b. CITIZEN OF W	MARE	IED NEVER MARRIE	- WWW. COARD	Y OR COUNTY OF DEATH	MD
FLAY 15 N TO THE PI PAGE 5 THED.	4 10	Cheverly	ATH 11. NAME OF HO	SPITAL, NURSING HOME, OR OTH ACILITY GIVE STREET ADDRESS) Gen' ]	ER INSTITUTION	126. USUAL OCCUPATION ( FOR MOST OF WORKING LIFF) Cab Driver	TYPE OF WORK 12b. KIND OF BI OR INDUST Cab Co	USINESS TRY
MD. 21201 ATH. IF ANY DEE S 1, 2, AND 31C PM 3, RETAIN VID 2 SHOULD HE VITAL RECORDS		Maryland	IRSING HOME OR OTHER INSTITUTION, G	Capitol Hgts	13d. INSIDE CITY LIMITS? YES NO [	13. SIREEI ADDRESS NA	Lane	
E, MD. 2 DEATH. II ES 1, 2, A PM 3. AND 2 SI F VITAL	60	. FATHER'S NAME FIRST	Unknown	LAST	15. MOTHER'S MAIDEN	Unknown MIDDLE	LAST	
"BALTIMORE, MD DURS AFTER DEATH 8. GIVE PAGES 1. WITH FORM PM T. PAGES 1 AND 2.	1 16	(YES, NO UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 578-26-3485	17. INFORMANT Larry Tay	lor (Son) 967 Ar	foodland Circlenapolis, Md.	le
DRDS, 301 W. PRESTON ST., E EXECUTED WITHIN 24 HOLDING" IN PENCIL IN ITEM 18 EDICAL EXAMINER ALONG VER A BURIAL-TRANSIT PERMIT TH AND MENTAL HYGIENE, IN ATION, OR REMOVAL.			any, which immediate g the under-	R AS A CONSEQUENCE OF				
RECO	2	19a, DATE OF OPER.	ATION 19b. COND	ITION FOR WHICH OPERATION V	'AS PERFORMED?		20. AUTOPSY	Y? NO <b>X</b>
MVISION OF VI CERTIFICATE S ITING THE WO DED TO THE E S SHOULD BE E S AROURD BE	3	CONTRIBUTING 21d. INJURY OCCUR	OR HOUR A.A CAUSE OF DEATH P.A RED 21e. PLACE	M. MONTH DAY YEAR  M. 19  OF INJURY (ATHOME, 211. LC)	OW INJURY OCCURRED	D (ENTER NATURE OF INJURY IN ITEM		STATE
D TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WRI PAGE 4 SHOULD BE FORWARI TO FUNERAL DIRECTOR: PATER BEATH WITH THE STATE BATTEMORE, MARYLAND, 212011		-	I took chorge af the remoins de	Accident , Suicide	Inspection Inspection Inspection Inspection Inspection	Undetermined manner  MEDICAL EXAMINER	and in my apinian  DATE SIGNED	8-79
O MEDI XECUTE AGE 4 O FUNE FTER DE	2	(TYPE OR PRINT)		BR/GUE Z	ADDRESS 500	9 Kaypurn 123d LOCATION THE	Ch., Comp	Jung
2801	13	(SPECIFY) Burial	5/21/79	Washington N		Suitland	Pr. Geo's	Md.
DHMH-17 20M 1/73 (VR A15 ME (5))	2	Francis Ga	sch's Sons, PARE	Ayattsville,Md.	250. DATE R	MAY 2.3 1979	GISTRUT'S SIGNATURE	reguly

Bright Canada Lateral Lateral Control of the Lateral a trill in Step 10 . Stock of the construction Total on the Cook of the Cook 1000

THE STATE OF THE PROPERTY OF THE PARTY.

which the state of the allege the state of the

oth. Page

the attending physician and completely filled in by the funeral dira remove corban papers. Pages 1 and 2 should be filed within 72 hogi

injury, or ather troumatic event, th

IMPORTANT: If them 21 is marked ar them 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remaye corbangape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

- STATE REGIS					CERTIF	ICATE OF DEATH	REG. N	10.79-1	29	91
1 DECEASED (TYPE OR PRINT)	1.1	FIRST	0	Equua		SSITORE	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR R
3. SEX			RACE	(1000)	5. DATE C	OAY YEAR	6. AGE (IN YEARS LAST BIR		INDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
Wash	D.C.		USA		WIDOWE G HOME C	D NEVER MARRIED DIVORCED DO OTHER INSTITUTION	9. BALTIMORE CITY OF THE Prince	George	12b. KIND C	MD.  OF BUSINESS OR
	hellvi		3404	Enterpr	ize	Rd.	Housewi	of working Life)	INDUSTRY	
Md,		136 COUNTY PG		GIVE RESIDENCE BEFORE 134 CITY OR TOWN Suitlan	N.	13d. INSIDE CITY LIMITS? YES A NO	13e STREET ADDRESS 2140 Bro	ooks Dr		
Clar	FIRST	MIC	DDLE I	Berry		Mary Elle		Mar	tin	ST
160. WAS DEC (YES, NO OR NO	EASED EVER	N U.S. ARMI (IF YES, GIVE W		578 03		17. INFORMANT A Daniel Te	ssitore (	(Husban	das	above)
gove couse underl	hions, if ony, rise to imm (0), stating ying cause	ediate g the last.	(b)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	NDITION GIVEN I	II X	
SIO. ACC	E OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFY INC		
OR CON	TRIBUTING CR. NOTIFY MEDICAL URY OCCURR NOTIFY MEDICAL AT WOR	AUSE OF DEATH	P./ 21e. PLACE (	M. MONTH DA M.	YEAR 19 ARM, ETC.)	21t. HOW INJURY OCCURR 21f. LOCATION STREET	CITY OR TO		OR PART 2)	STATE
22b. SIC	A THE OCCEOSE	did not	), ptrended the view the body		۹.0	od that in (my) (our) opinion of DEGREE	MEDICAL STA	AFF CIAN []		
230. BURIAL, (SPECIFY) Bur	REMATION, P	REMOVAL	23b. DATE 5/12			EMETERY OR CREMATORY  Hill Cemet	230 LOCATION CITY OR TOWN	land,, T	J'Ğ	Måď /

BP.

24 FUNERAL DIRECTOR Hines/Rinaldi F.H.11800

N.H.Ave.S.S.Md

DHMH-16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

Married County Control of the Contro					
	at spirit envi		9		
	NA E				
The little beautiful to be the little					
(*C)31E		To a state of	d Her		
			Ter ser ser		
The state of the s			Tenta de la como	n 2 d'a d'ar ba	

X 4 3		FOR			DEPARTMENT OF	HEALTI	AND MENTAL H	YGIENE		
		STATE REGISTRAR		ME		NER'S	CERTIFICATE O	F DEATH	REG. NO. 9 .	-12992
(M		CEASED NAME E OR PRINT)	Do hort	7	MIDDLE	- /1-	LAST	OF	KNOWN MONT	H DAY YEAR 26. HOUR
FILE FILE TREET	3. SE)	14.84	-0 /WV	5. DATE OF BIRTH	16 mas	FADS   IF I II	NDER 1 YR. IF UNDER		MATED 5	19 /9 M
NECESSARY, PLE PONERAL DIRECTO S FOR YOUR FILE D, WITHIN 72 HOLD W. PRESTON STRIFF	1	Tale Si	act	9-21	-28 5 O	DAY) MONT		MIN. PRONOL	NCED -	1978 AM M
CESSA VERAL COR Y VITHIN PRESTO	7a. BI	RTHPLACE (STATE OR REIGN COUNTRY)	E M	76. CITIZEN OF W			IED NEVER MARRI	ED 👉	MORE CITY OR COU	NTY OF DEATH
S P P S P S P S P S P S P S P S P S P S	10 C	Virginia TY OR TOWN OF DE.	ATH	U.S	• A • SPITAL, NURSING HOM	WIDOV		LAF.	JPATION (TYPE OF WOR	MD. K IND OF BUSINESS
ELAY IS NE TO THE FU I PAGE 5 I BE FILED, W.	R:	iverdale	/	Prince G	CILITY, GIVE STREET ADDRESS)	eral		FOR MOST OF WO	orking life) Supervisor	OR INDUSTRY
1201 AND 3 RETAIN COULD	USUA 13a. S	L RESIDENCE (IF IN NO FATE	IRSING HOME OR	OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Washington		13d. INSIDE CITY LIMITS? YES MO	13e STREET ADDR		
", BALTIMORE, MD. 2 URS AFTER DEATH. IF 18. GIVE PAGES 1," WITH FORM PM. T. PAGES 1 AND 2 SI DIVISION OF WITH	14. F/	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE		MIDDLE	LAST
A DE A GE	16a. V	Robert Th	INUS ARM	Dr.	16b. SOCIAL SECURI	TY NO	Willi 17. INFORMANT	e Fisher	ADDRESS	
LTIMA AFTE NVE P. SION	(Y	Yes	Kore Kore	AR OR DATES)	578-38-188		Willie The	mae 516		D.C. St.N.W.Wash.
BAL DURS. 18. GI WITT. PAC					far (a) (b) and (c)					APPROXIMATE INTERVAL
TS ST S		PART I DEATH W	AS CAUSED	BY:	pertunsion	re d.	r tens sele	votro ca	dedveses	BEIWEENONSET AND DEATH
PRESTON ST VITHIN 24 HC CIL IN ITEM 1 NER ALONG NER ALONG ANSIT PERMIT ACUAL.		4029			AS A CONSEQUENCE	OF				
WITHIN 2 MITHIN 2 ICIL IN III INER ALC RANSIT PE TAL HYGI		Canditians, if gave rise ta		(b)						
ED V PEN CAMI		cause (a) stating		DUE TO, OR	AS A CONSEQUENCE	OF	ara Le		THE RESE	
SCUTE IN PRINCIPLE IN PRINCIPLE IN OR MINISTER IN O				(c)						
DIVISION OF VITAL RECORDS, 301 W. PRESTAMINE CERTIFICATE SHOULD BE EXECUTED WITHIN WRITING THE WORD "PENDING". IN PENCIL IN YARDED TO THE CHIEF MEDICAL EXAMINER A GGE 3 SHOULD BE USED AS A BURAL-TRANSIT ATE DEPARTMENT OF HEALTH AND MENTAL HYMOTOP PRIOR TO BURIAL, CREMATION, OR REMOVAL	N O	6 Denie		NTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEAS	E DR CONDITION GIVEN IN PAR	RT 1 (a).		
ULD WED WEEN WEEN WEEN WEEN WEEN WEEN WEEN	CERTIFICATION	19a. DATE OF OPER	TION	19b. CONDI	TION FOR WHICH OPE	RATION W	AS PERFORMED?			20 AUTOPSY?
SHO ORD CHILL	THE									YES NO
ATE WC BUR		210 EXTERNAL CAU		216 TIME OF	FINJURY MONTH DAY YEA	21c. H	OW INJURY OCCURRE	D JENTER NATURE OF IN	JURY IN ITEM 18 PART 1 OR	PART 2]
O TIFIC TO THE T	CAL	CONTRIBUTING	CAUSE OF DE	ATH P.N	1. 19					
DIVISION OF VIT S CERTIFICATE SH RITING THE WORR STENDE TO THE CE S SENDULD BE E 3 SHOULD BE E DEPARTMENT C PRIOR TO BURIA	MEDICAL	21d. INJURY OCCUR	RED		OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION	CITY OR TO	OWN	COUNTY STATE
F . 5 2 2 0		WHILE AT WORK AT W	VORK							
FOR: PER: OR: POR: PER: POR: PER: PER: PER: PER: PER: PER: PER: PE		22a. I certify that	I taak charge	of the remains de	bed abave, held an	Autop	sy , Inspection	n . Inquiry	and in my	apinian
AND TELCTO		death resulted fram	n: Natura	causes ,	Accident, S	vicide	, Hamicide .	Undetermined m	anner .	
EXA CER WIID WIID	4	ACTUAL	Dur	x (/	X June		TITLE (SPECIFY)		DAT	57-9
CAL THE SHO SHO RAL RE, M	130	SIGNATURE	suga	MO L	Lough	3/- N	Deputy	MEDICAL EXA	MINER SIG	NED 3 - 1-
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, BAGE 4 SHOULD BE FORF TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SIR	0	EXAMINER'S NAME (TYPE OR PRINT)	August	to P. Roo	drigue,M.D	V	12800 Will	ow Wind C	ircle,0xo	n Hill,Md.2002
EXE PAC PAC BAL	23a. Bl	JRIAL, CREMATION, P	REMOVAL 231	. DATE	23c. NAME OF CE			73d. LOCATION CITY OR TOWN	CC	DUNTY STATE
BP		Burial	5	/11/79	Solon	Comet	ery	Middleh	urg, Loudo	un, Virginia
DHMH - 17 (VR A15 ME (5))	74. FU	IN ALL HIRECTOR	w.n	ADDRESS	7400 Georg	gia A	Ve. NW 250. DATE R	IAY 1 5 19	70 256. REGISTRAR	S SIGNATURE
15M7/77	14	11 6	1/1/	-m/	Washington	١, ١.	U. 1/10	MALL TO 19		

Selection of the second second			
	Maria Contraction		MUNICE
			krate zakl
Sweet sangest of he	26,4 (4,5)		
mental differ			E ZZID D
I first assorbered to the built state	Se Charaman	garceN.	F-V
			2020
THE LINE NEXT, THAT HER WALL OF	ciamay, and	non a contrata	
	y igeni mala	and the second	1.500
PARTY TOWN THE PROPERTY OF	o o e e C		
	o		

£0051-05 4411 THE P Tr. Cen. Co. .A.2.H Pa. nolton tamed notolities !!! Intimated telephone bonio ! officerio . for the fate TOOT y - alignitation .... 636 1161-17-1-1 man grant of Predemicle an ounce manufact interest . ' ni of .og . IT Wasten 01 Sarial Tone Committee & alternation versions of the Total and Tarian Course

T. Goodbas Sons T.M. . . . Cynttryille, Md.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-12994 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE LAST 2a. DATE OF DEATH MONTH DAY YEAR 2b. HOUR (TYPE OR PRINT) poge 3 JOHN TINSBLOOM 05 79 # UNDER I YEAR 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH YEAR HOURS 28 1915 Male White Aug 63 YRS. To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Maryland USA PRINCE GEORGE'S COUNTY DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR \_ (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRAILTOAD (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Hospital Cheverly G. Collection Clerk- B & O USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e, STREET ADDRESS 13d. INSIDE CITY LIMITS? Temple Hillsyes IX 3223 Beaumont Street Md. P.G. NO [ 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST **EMIST** MIDDLE Tinsbloom Julia Clarkson John Greenbelt, Md. PRESTON ST., BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 18007 Mandan Road IYES NO OF LINKNOWN) (IF YES, GIVE WAR OR DATES) W.W.II 577-16-9786 Robert L. Tinsbloom, Son Yes APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY mas ARCINOMA IMMEDIATE CAUSE In NOTIFI DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate (o), stoling DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. **EXAMINER** underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED d IN CERTIFYING CAUSES OF DEATH? NO YES [ NO | MEDICAL 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21s PLACE OF INJURY ŏ CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. | certify that (1) (this haspital)-attended the deceased from sow the deceased alive on DAY 27-above, (+) (we) (did) (did not) view the body after death and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated 226. SIGNATURE DEGREE 17c DATE SIGNED ATTENDING: MEDIC AL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 224: PHYSICIAN'S NAME LIYER OF FRIME 22e ADDRESS ld b 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Suitland, P.G., Burial Maryland -31 - 79Wash. Natl. Cem. BP ADDRESS 4308 Suitland 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTORODE E Wilhelm DHMH-16 20M (VRA 15, 4) 7/78 Funeral Home Rd., Suitland, Md

	REGISTRAR*	FIRST		WIDDLE	LA.	AST DEATH	20. DATE C	REG. NO.			2b HO
(ITPE	E OR PRINT)	VIRGIN:	IA	LEE	TIPTO	N		May 1	8,197	9	5.25
3 SE			RACE		5. DATE O		6 AGE (IN	YEARS LAST BIRTHDA		UNDER I YEAR	IF UNDE
	female		whi:	te	Maj	y 10, 1910	69		YRS.	DAYS DAYS	HOURS
70. B	IRTHPLACE (STATE OR FI	OREIGN 7		WHAT COUNTR	Y? 8 MARRIED WIDOWEI	DI NEVER MARRIED DI	1	ce Geor			
	ITY OR TOWN OF DEA		(IF NOT IN SU	CH FACILITY, GIVE STRI	SING HOME O	Prother INSTITUTION Pr. geo. CO.	(TYPE OF WO	OCCUPATION		12b. KIND O INDUSTRY Ne1st	
USU	AL RESIDENCE (IF NURS STATE Md	SING HOME OR O	THER INSTITUTION		ORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET	V	faria	Lane	
14. F.A	ATHER'S NAME FIRST Rob		DDLF	LAST		15. MOTHER'S MAIDEN NA FIRST Bettie	ME A	MIDDLE Dudl	ev	LAS	t
	WAS DECEASED EVER		ED FORCES?	166 SOCIAL SE		17. INFORMANT Nancy L Be	cker	ADDRESS		ille, l	Md.
	Conditions, if any gave rise to important course in state underlying souse	mediate	DUE TO, O	R AS A CONSEC	DUENCE OF	n lun	CA	necr	/		S.
CATION	gave rise to im- couse in statis underlying stause	mediate ng the t bust NIFICANT CO	DUE TO O	R AS A CONSEC	O DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEA:	OPSY? 20	Db. IF YES, V	WERE FINDIN	IGS USE
ERTIFICATION	PART 2. OTHER SIGN	NIFICANT CO	DUE TO O	ONTRIBUTING TO	O DEATH BUT I	N WAS PERFORMED	200 AUT	OPSY?   20   IN	Db. IF YES, V V CERTIFY II YES	WERE FINDIN NG CAUSES	IGS USE OF DEA
CAL CERTIFICATION	pave rise to improve in state underlying state PART 2. OTHER SIGN	NIFICANT CO	DUE TO DO DUE TO DO DUE TO DO DUE TO DO DUE TO DUE	ONTRIBUTING TO	O DEATH BUT I		200 AUT	OPSY?   20   IN	Db. IF YES, V V CERTIFY II YES	WERE FINDIN NG CAUSES	IGS USEI
MEDICAL CERTIFICATION	PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNION OR CONTRIBUTING (FETHER, NOTIFY MEDIC  21d. INJURY OCCURING WHILE NOTIFY MEDIC AT WAS	DERLYING CAUSE OF DEATH AL EXAMINER) RED DOLL COLOR CO	DUE TO DO DUE TO DO DUE TO DO DUE TO DO DUE TO DUE	ONTRIBUTING TO	O DEATH BUT I	N WAS PERFORMED	200 AUT	OPSY?   20   IN	Db. IF YES, V V CERTIFY II YES	WERE FINDIN NG CAUSES	IGS USEI OF DEAT
	PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNION OR CONTRIBUTING CHE FITHER, NOTHEY MEDIC 21d. INJURY OCCUR WHILE NOT WAT WORK NOT WAT WAT WAT WAT WAT WAT WAT WAT WAT WA	DERLYING CAUSE OF DEATH AL EXAMINER) RED HILE CAUSE OF DEATH AL EXAMINER	DUE TO DO DUE TO DO DUE TO DO DUE TO DO DUE TO DUE	ONTRIBUTING TO	O DEATH BUT I	N WAS PERFORMED  21c. HOW INJURY OCCURE	200 AUT YES  RED (ENTER N	OPSY?   2(	Db. IF YES, V N CERTIFY II YES I ITEM 18, PART	WERE FIND IN NG CAUSES  1 1 OR PART 2)  COUNTY	NGS USER OF DEAT NO
	PART 2. OTHER SIGN  190 DATE OF OPERA  210. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC  21d. INJURY OCCUR WHILE NOT WAT WORK  17. 1 certify had obdy 11 west	DERLYING CAUSE OF DEATH AL EXAMINER) RED HILE HILE HILE HILE HILE HILE HILE HILE	DUE TO O	ONTRIBUTING TO	O DEATH BUT I	21c. HOW INJURY OCCURE 21l. LOCATION STREET  19 d that in (my) (our) opinion operations ATTENDING PHYSICIAN	200 AUT YES  RED (ENTER N  death accurr	OPSY?   2(	Ob. IF YES, V N CERTIFYII YES ITEM 18, PART	WERE FIND IN NG CAUSES  1 1 OR PART 2)  COUNTY	NGS USEI OF DEAT NO
	PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNION OR CONTRIBUTING CHE FITHER, NOTHEY MEDIC 21d. INJURY OCCUR WHILE NOT WAT WORK NOT WAT WAT WAT WAT WAT WAT WAT WAT WAT WA	DERLYING CAUSE OF DEATH AL EXAMINER) RED HILE HILE HILE HILE HILE HILE HILE HILE	DUE TO O	ONTRIBUTING TO	O DEATH BUT I	211. LOCATION STREET  19 d that in (my) (our) opinion operate ATTENDING PHYSICIAN	200 AUT YES  RED (ENTERN  death accum	OPSY? 20 III	Ob. IF YES, V. N CERTIFY II YES I ITEM 18, PART	WERE FIND IN NG CAUSES  1 1 OR PART 2)  COUNTY	IGS USE OF DEA" NO [

AM AND AND ADVANCED TO THE TOTAL TOTAL .in , = plan mayiil Rigered on Ancorners and material intendal of MATA At win

The self-time tribles. In the trible to the self-time to

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 05 - 20 - 799:00P M IF UNGER LYEAR IF LINDER 24 HRS AGE (IN YEARS LAST BIRTHOAY) HOURS 1 BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGE'S COUNTY 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Secretary 13e. STREET ADDRESS 957-K Richwood Road MIDDLE Neuman ADDRESS

APPROXIMATE INTERVA

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

COUNTY

22c DATE-SIGNED

DHMH-16 20M {VRA 15, 4) 7/78 Anatomy Board

FOR

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

Balto., Md.

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

STATE

STATE

n aq

TO

P

ō

a prior

be

the burial-transit p

8

tem

orked or

\*

MPORTANT:

should be deta with the State

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH LAST 20 DATE OF DEATH TURNER MAY 24 1979 7:05P AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5. DATE OF BIRTH ONTHS DAYS 29 1904 74

TYPE OR PRINT RAMON A 4 RACE 3. SEX

Dec Caucasian Male To BIRTHPLACE ISTATE OR FOREIGN

76 CITIZEN OF WHAT COUNTRY?

Suitland

USA

MIODLE

MARRIED NEVER MARRIED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

**BALTIMORE CITY OR COUNTY OF DEATH** DIVORCED

Prince George's

(TYPE OF WORK FOR MOST OF WORKING LIFE) (If NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Doctors' Hospital of Pr. Geo. Co. Retired-High tension

13e. STREET ADDRESS

Line 5086 Silver Hill

126 KIND OF BUSINESS OR

Maryland 14. FATHER'S NAME Benjamin

Alabama

I CITY OR TOWN OF DEATH

Lanham

(YES, NO OR UNKNOWN)

FOR

- STATE

REGISTRAR

DECEASED NAME

(IF YES GIVE WAR OR DATES) Peacetime

13b COUNTY PG

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION)
136. STATE 1136. COUNTY 1137. CITY OR TOWARD

Turner

166 SOCIAL SECURITY NO

FRGenevieve 17 INFORMANT

13d INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

Ramon F. Turner

YES X

ADDRESS

Cult

(son) Same as

18. CAUSE OF DEATH Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause last

190. DATE OF OPERATION

21d. INJURY OCCURRED

DUE TO, OR AS A CONSEQUENCE O

577 09 3285

20g AUTOPSY?

APPROXIMATE INTERVAL

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21e. PLACE OF INJURY

19 21f. LOCATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

79

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

CITY OR TOWN

, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

NO

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

STATE .

WHILE 22a.1 certify that (1) (this haspital) attended the deceased from\_ saw the deceased alive on\_ obove, (1) (we) (did) (did not) view

22b. SIGNAJURE

CERTIFICATION

MEDICAL

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

22e ADDRESS

ATTENDING MEDICAL PHYSICIAN X DIRECTOR PHYSICIAN

STAFF

22c. DATE SIGNED 5/25/79

22d. PHYSICIAN'S NAME PRE OR PRINT)

Roger B. Ingham, M.D. 23a BURIAL CREMATION, REMOVAL 23b. DATE

5701 - 85th Ave., New Carrollton, Md. 20784

Md

BP DHMH - 16 50M 1/76 (VR A 15 (4))

DIRECTOR

Burial

23c. NAME OF CEMETERY OR CREMATORY May30,1979 Fort Lincoln Cem

DEGREE

CITY OR TOWN Brentwood 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

PG

Wilhelm E. Funeral Home Inc

Suitland, Md

Mt. Rainier. Md.

FOR

24 FUNERAL DIRECTOR

Nalley's F.H.Inc.

DHMH-16 20M

(VRA 15, 4) 7/7B

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

250 DATE REC'D. BY REGISTRAR P. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO A IDDLE LAST 2a. DATE OF DEATH MONTH 1. DECEASED NAME (TYPE OR PRINT) Jacobus J. Vermeulen 4 RACE DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDA IF UNGER 1 YEAR IF UNDER 24 HRS 3. SEX DAYS 31, 1902 HOURS Male White Dec. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Holland U.S.A. Prince George's WIDOWED! DIVORCED T ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR Prince George General Hospital Foreign Service Dept of State Cheverly DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 uld be USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Prince George Hyattsville 3800 Hamilton Street 1 13d. INSIDE CITY LIMITS? Maryland Apt 1 tely 2 sh 14 EATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIODLE Vermeul'en Lena Johan Van Echtelt ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 578 10 7353 Violet S. Vermeulen Same as #13 (Wife) CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I, DEATH WAS CAUSED BY: 4, ocarden IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost plec PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6/ CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ă IN CERTIFYING CAUSES OF DEATH? NO YES T NO I burial-transit p 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 10 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK MAY 22a. I certify that (1) (this hospital) attended the deceased from. the decented alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated jo obove, (1) (we) (did) (did not) view the body ofter death DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF Should be detowith the State D PHYSICIAN TO DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS MPORT Ruderman, M. D. 6201 Greenbelt, Rd. College Park, Md. 230. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE Burial 5/14/79 Maryland Veterans Cem. Cheltenham Md. BP. AP 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Francis Gasch's Sons Funeral Home, P.A. DHMH - 16 50M 7/77 (VR A 15 (4))

00081-01			
	noluenas	Jacobus J. V	
ne ne	2001 , 17 .880	sti.	Male
Trimen Teorge!		0.2.0	besties
Forel in Fundan dept of State	fathologisty)	net engaga beaters ten	Manual 1
I box design street and the	~ 1. f. f.	iveljuvi saucen comit	un i s
Mistrial Bott	final	nofuer rev	music 5
Estate Test			

the state of the s

The Manual Cotonnel Con Control . I. T Provide 

completely filled in by the

_		FOR
1	-	STATE
		DECISTRAL

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9	_	1	3	0	0	1
1	~		- 1	0	0	-	

		REGISTRAR			CERTIF	ICATE OF DE	ATH	REG. NO	19-	1300		
		CEASED NAME FIRST OR PRINT)		MIDDLE	1	AST	V 12	20. DATE OF DEATH	MONTH I	DAY YEAR	2b. HOUR	
		Forest	F		WAC	GNER		May	6	1979	2:00 a	
	3. SEX	Female	4 RACE White	2	JUI		1903	6. AGE JIN YEARS LAST BIRTI	-	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
2	7a BIF	Ohio		WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MA	RRIED	9. BALTIMORE CITY O		of DEATH George's	6 MD.	
2		Riverdale  11. NAME OF HOSPITAL, NUR  (FNOT IN SUCH FACILITY GIVES IN  Eugene Leland						120 USUAL OCCUPATK TYPE OF WORK FOR MOST OF HOUSEW1 16	NC	12b. KIND C	OF BUSINESS OR	
5	USU A 130. S	AL RESIDENCE (# NURSING HOME OF	OTHER INSTITUTION UT •	GIVE RESIDENCE DEFORE	ille	13d INSIDE CITY	LIMITS?	3414 Purdue	St.			
1		charles	MIDDLE	Fagan		15 MOTHER'S A	SSIE	MIDDLE		Kinley	я	
	16a W	VAS DECEASED EVER IN U.S. AR ES, DOOR UNKNOWN) (IF YES, GIVI	MED FORCES? WAR OR DATES)	166 SOCIAL SECU 578-24-42		Barbar		addre ner, Same as				
1		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Congestive heart failure								one o	onset and death	
		Conditions, If any, which gove rise to immediate	DUE TO, O	DUE TO. OR AS A CONSEQUENCE OF Arteriosclerotic cardiovascular dise					se	Unknown		
2		couse (o), stoting the underlying couse last.    DUE TO, OR AS A CONSEQUENCE OF										
	NO	PART 2 OTHER SIGNIFICANT (	CONDITIONS <u>C</u>		BUTING TO DEATH BUT NOT RELATED TO THE TERM  1   Liple strokes						0)	
2	CERTIFICATION	190 DATE OF OPERATION 196 CO		ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY? 206. IF YES, VIN CERTIFY!		S, WERE FINDING CAUSES	NGS USED OF DEATH?	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	FINJURY M. MONTH DAY YEAR M. 19			IRY OCCURR	JRRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)					
	MEDICAL	21d. INJURY OCCURRED  WHILE ONT WHILE OF AT WORK	21e PLACE 1AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET		CITY OR TOW	N	COUNTY	STATE	
		22a I certify that (I) (this hospi	6 May	19_			ur) opinion o	, to <u>6 May</u> deoth occurred on the do	te ond hou		that (I) (we) lost couses stated	
		obove, (I) (we) (did) (did not) view the body offer death.  22b. SQNATURE  ATTEND PHYSIC						MEDICAL STAF	F IAN []	22c. DATE	signed ay 1979	
		224 PHYSICIAN'S NAME (TYPE O		).		22e. ADDRESS	J. P. K.	ıry Rd., Riv	100	le, Md.	20840	
	23a. B	URIAL, CREMATION, REMOVAL	236. DATE 5-9-79			emetery or en	nal	23d. LOCATION Culpeper		l peper		
	24 FL	Gasch's Sons,	P.A. I	lyattsvil]	le, Mo	d.	25a. DATE	AY 1 0 1979		RAR'S SIGNAT	Brody	

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR.

TO HOSPITAL OR ATTENDING PHYSICIAN: The

should be detached for use as the burial-transit permit. Then please remove corbon page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows ony

teuis file			
	S tour of V		All and the second
most court to tremmo			
. FC suffered b	ne sa sa s	W 60 cl 110	
volatio).	o te aon	Reput	ng Perel S
THE ME BOOK	, respectivelying	WEST PERSONS	
		designie	

The state of the s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME CLAYTON MIDDLE LEWIN MANUADIR 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED 18 22 60 DEAD 11 Th. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BASTIMORE CITY OF GOUNTY OF DEATH MARRIED ANEVER MARRIED FOREIGN COUNTRY) United States DIVORCED Virginia WIDOWED 120. USUAL OCCUPATION (TYPE OF WORK II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS OR INDUSTRY Doctors Hospital D.C.Govt. Lanham Engineer SHOULD BE RECORDS. USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 130 STATE 13b. COUNTY 13c. CITY OR TOWN BALTIMORE, MD. 2120 Lanham Primce Geo. Maryland YES X NO [ 6502 Dawnwood Dr. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME CV LAST N. MIDDLE LAST MIDDLE OF VIT unk Pearl Wanzer Clayton 17. INFORMANT wife 166. SOCIAL SECURITY NO. ADDRESS Lanham . Md . 60. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES 14 6670 Janie A. Wanzer-6502 Dawnwood Dr. 18. CAUSE OF DEATH (Enter only one couse per fine for (a) (b), and (c).) Citerioschiolic Cardes Vascula PART I DEATH WAS CAUSED BY IMMEDIATE CAUS DIVISION OF VITAL RECORDS, 3D1 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT REMOVAL Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION USED 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES | NO L BE. PRIOR TO BURIA 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion DIRECTOR ARYLAND Accident death resulted fram: Natural coures Suicide Homicide \_\_\_ Undetermined monner SPECIFY EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, V EXAMINER'S NAM (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION MDATE 3606 May 12,1979 Harmony Memorial Cem. Burial 24. FUNERAL DIRECTOR DHMH-17 20M 1/73 RHEISTRAR (TISE REGISTRAR'S SIGNATURE) (VR A15 ME (5)) ALEXANDER S. POPE 2617 Pennsylvania AVe. S.E.

Car YTCH LETT , 18 JULY 18 60 11 18 60 Englands - Least Control conversed Prince Cec. Instru Lange and H A 5/7 11 6/0 . save 4. super-opt- formed in.

tordal May 1,1979 Ermony Memoritae fem. Londover, P.G. Co. 12

## STATE OF MARYLAND

	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	TYGIENE REG. NO	79-13003
	DECEASED NAME FREST (TYPE OR PRINT) E11a	Middle L.	Watterson	To brite of bering	May 24 1979 11:454
L	.sex Female	4 RACE Caucasian	5. DATE OF BIRTH  MONTH Feb 21 1903		MONTHS DAYS HOURS MIN
Ŀ	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia  CITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY?  USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	Prince Ge	eorge MD.
1	Andrews AFB JSUAL RESIDENCE (IF NURSING HOME OR	(IF NOT IN SUCH FACILITY, GIVE STREET Malcolm Grow	Hospital	Housewife	WORKING LIFE) INDUSTRY
1	Maryland Pr	Geo Morning	N 13d. INSIDE CITY LIMITS	4404 More	an Road
	Charles		Adena	MIGDLE	Courtney
"	60 WAS DECEASED EVER IN U.S. AR (YES, NO ORUNKNOWN) (IF YES, GIVE NO	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 578 05		daughter <sup>ADDRE</sup> enberg	Same as #13
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)			DITION GIVEN IN PART 1(o)
	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING.	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
	OR CONTRIBUTING   CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d   IN JURY OCCURRED  WHILE   NOT WHILE   AT WORK   220.1 certify that (I) 2003 2003	HOUR A.M. MONTH DA	FARM, ETC.)  21F LOCATION STREET  and that in (my)  DEGREE		COUNTY STATE  24, 1979 I, that (I) (Ver) last at and hour and from the causes stated  22c, DATE SIGNED
		ibson, M.D.	22e. ADDRESS 1300 Marl	MEDICAL STAF	
L	Burial, CREMATION, REMOVAL Burial	May 26,1979	Pame of Cemetery or Cremato  Ft. Lincoln	Brentwoo	
2	* FUNERAROBEIT E.	Wilhelm ADDRESS	25a.	DATE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE

Suitland, Md

Funeral Home Inc

DHMH - 16 50M 7/77 (VR A 15 (4))

£0031-8003 stray, or in the second of the Date of the control o

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST 20. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) Elsie В. 6;54am Watts 05 - 14793 SEX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR & AGE (IN YEARS LAST BIRTHDAY) MONTH Dec. 28. 1896 Female. White 82 TO BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Prince Georges County WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE Greater Laurel Beltsville Hospital INDUSTRY Laurel Tavern Owner Tavern USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 135 COUNTY 136 CITY OR TOWN 9994 Washington Blvd. 13d. INSIDE CITY LIMITS? Maryland Laurel Howard tely 2 sh BALTIMORE, MARYL 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE TT. Agnes MIDDLE Wells Gosnell Howard ADDRESSOO M. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Covered (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES) 213-01-7625D Regina L. Smider Wagon Dr. Laurel, M No. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) phys PART I, DEATH WAS CAUSED BY cardiovespiratory arrest minutes IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Ovlinonam emisclus OV avvhyluna Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 0 Cholecystectomy ony 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 90 DATE OF OPERATION 20a. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Hygiene 5111 cholecystitis NO YES T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 buriol-tra Mental F HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 0 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK May q PC may 22a. I certify that (1) (this hospital) attended the deceased from... sow the deceased alive on May 14t 19.79 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 221 BIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 5/14/79 M.D. MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN should be with the St 224. PHYSICIAN'S NAME (THE OF PRINT) 22e. ADDRESS Hospital, (avel Manyland stuart Selonick, M.D. auve 0 230. BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial BP Savage Cemetery Savage, Howard. FLECK LAUREL FUNERAL HOME, INC. 250. DATE REC'D. BY REGISTRAR 114. DHMH - 16 60M 7/73 (VRA 15 (4)) 7601 Sandy Spring Rd. Laurel. Md. 20810MA

A MENNEY . THOUSEN Saver 29 mg rest in the entire a travel and MANUEL LANGUAGE DESCRIPTION OF THE RESERVE OF THE PARTY O STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-13005

	FOR 1 - STATE 'REGISTRAR				DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-13005					
		CEASED NAME FIRST	٨	AIDDLE	ı	AST		MONTH DAY	YEAR	26 HOUR A
		Mary		Ε.	WATI	.S	M.	ay 22,	1979	11:40 A
	3. SE		4. RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF U		IF UNDER 24 HRS
1		Female	Blac		-	17, 1896 EAR	82	YRS.	IHS DAYS	HOURS MIN
		RTHPLACE (STATE OR FOREIGN DUNTRY)		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
55		Md,	U.S.A		WIDOWE	DX DIVORCED	Prince Ge		County	MD.
12		ITY OR TOWN OF DEATH	(IF NOT IN SUCI	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF Retired	WORKING LIFE}	12b. KIND OF INDUSTRY	BUSINESSOR
	USU	Lenn Dale AL RESIDENCE (IF NURSING HOME OR		Dale Hos						
17	13a. S	XMXX 196 COUN	TY	Washing	oton,D	134 INSIDE CITY LIMITS?	1105 Q S	treet,	N. W.	<b>\$</b> 4
	14 FA	THER'S NAME	AIDDLE .	LAST	15.75	15 MOTHER'S MAIDEN NA	WE		LAST	
D/		William H				Anni				
3	16a V	VAS DECEASED EVER IN U.S. ARI	MED FORCES? WAR OR DATES)	166 SOCIAL SECL		17 INFORMANT	ADDRE			
		NO		217-32-3	3113	Annie Thomps	on (Daughte	r) same		
12	10	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	y ane cause per	line far (a), (b), an	id ic				BETWEEN ON	ATE INTERVAL
			E CAUSE (a)	Massive	Pulmo	nary Embolism	n		minut	es
		DUE TO, OR AS A CONSEQUENCE OF								
		Canditians, if any, which gave rise to immediate	(b)							
	-7	cause (a), stating the underlying cause last.	DUE TO, OR	AS A CONSEOU	ENCE OF			100		
	18	PART 2. OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT PELATED TO THE TERM	NINAL DISEASE OR CONF	UTION CIVENU	IN DART 1/-	
	NO	Impaired Nutri								10mc
	CERTIFICATION	19a. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WI	ERE FINDING	S USED
2	TIFIC	ASSESSED BY					YES NOX	IN CERTIFYING		PF DEATH?
9	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF		VEAD	21c. HOW INJURY OCCUR		IN ITEM 18, PART 1	OR PART 2)	
7	CAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH HOUR A.M	a. month di	AY TEAR					
	MEDICAL	21d INJURY OCCURRED	21e. PLACE C	OF INJURY	CADAL ETC 1	211 LOCATION	CITY OR TOW	у (	COUNTY	STATE
	2	AT WORK NOT WHILE AT WORK	(ATTIOME, STR	EI, FACIONI, OFFICE, F	ARM, ETC.)		CHIOKION		.001411	SIAIE
		22a.1 certify that the (this haspit			May	17	, to May 22			at Xi (we) last
		saw the deceased alive on abave, X (we) (did) XXX	May 2	Z 19_	79 . an	d that in (ॡ) (aur) apinian	death accurred an the da	te and haur an	d fram the ca	uses stated
		22b. SIGNATURE	-	le m	(	DEGREE	MEDICAL STAF		22c. DATE SI	GNED
		jame	0000	US M	D,	ATTENDING PHYSICIAN	MEDICAL STAF	AN [	May 2	2, 1979
1	5	22d. PHYSICIAN'S NAME (TYPE OR				22e ADDRESSGlenn	Dale Hospita	a1		
		James W. Wi	-				Dale, Maryla	and 20	769	
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	cou	NTY	STATE
16	24 E1	Burial JNERAL DIRECTOR	5-26-79			pe Cemetery	Silver	spring,	Monto	. Md.
		eorge R. Snowde		N. Washi		St. MAY	E RECO. BY REGISTRAR	REGISTRAR	SSIGNATUR	the contract of the contract o
George R. Snowden Rockville, Md. 20850								<i></i>		

DHMH - 16 60M 1/75 (VR A 15 (4))

BP.

MPORTANT: If them 21 is marked ar Item 18 shaws any i

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20 DATE OF DEATH YEAR 2b. HOUR (TYPE OR PRINT) DENVER 10.05 3. SEX 4. RACE IF UNDER 24 HRS & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR HOURS DAYS ATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [ CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12 USUAL OCCUPATION

WHE OF WORKFOR ROST OF WORKING LIFE) 12b. KIND OF BUSINESS OR IF NO IN SUCH FACILITY, GIVE STREET (DORESS) INDUSTRY PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF HURSING HOME OR OTHER INSTITUTION GIVE AESIDENCE BEFORE ADMISSION) 130. STATE ITY OR TOWN 13d. INSIDECTLY LIMITS? 13e. STREET ADDRESS NO [ 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE MIDDLE ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YAS, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NWI APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) à DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF 3 underlying couse last. 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, IFICATION 0 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? à à IN CERTIFYING CAUSES OF DEATH? per NOM YES [ NO [ buriol-transit p Sh 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 MEDIC/ 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from, 79 \_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. Dept 226. SIGNATURE DEGREE 22t. DATE SIGNED + ATTENDING MEDICAL STAFF be deto e Stote l PHYSICIAN FUNERAL DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS the S 6005 73s BURIAL CREMATION REMOVAL NAME OF CEMETERY OR CREMATORY BP. DHMH - 16 50M 7/77 (VR A 15 (4)) TOAN M. TAYLOR & SOWS ANNA POCIS

30001-2

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 2h HOUR (TYPE OR PRINT) OF Iner 16.6151 DEATH MATED 6. AGE (IN YEARS IF UNDER 1 YR. **JE UNDER 24 HRS** DATE PRONOUNCED DEAD BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED U.S.A. Wash. D.C. WIDOWED [ DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS Photographer Self Employ 33d. INSIDE CITY LIMITS? YES \_ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST William H. Weberling Hilda M. Eicke 17. INFORMANT 8804 Canberra Dr. Clinton Md. 16b. SOCIAL SECURITY NO 212-32-6934 Yes Jacobs 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY ensice Cardio Vanculer de stere IMMEDIATE CAUSE (a DUE TO, OR'AS A CONSEQUENCE OF REMOVAL Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 301 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION Llurence . 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES [] NO [ PRIOR TO PUT 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 21d, INJURY OCCURRED 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinian Homicide .... death resulted fram: Natural coures Suicide Undetermined manner (SPECIFY) EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA (TYPE OR PRINT) / THE WSTE 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE Cem. Suitland Burial Wash National DHMH-17 20M 1/73 ASSERTE N. 7250. DATE REC'D. BY REGISTRAR (VR A15 ME (5)) Rd. Clintón.

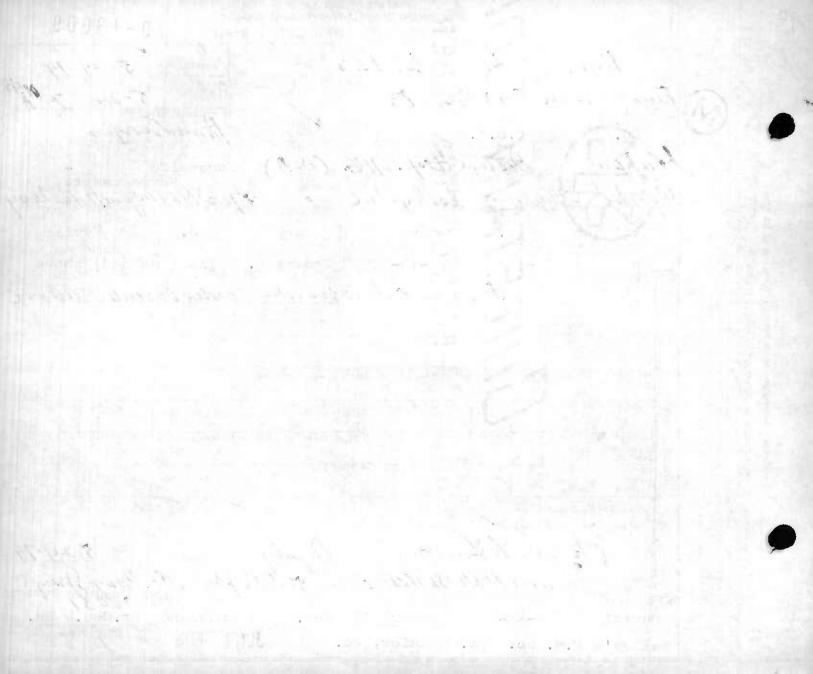
STATE OF MARYLAND

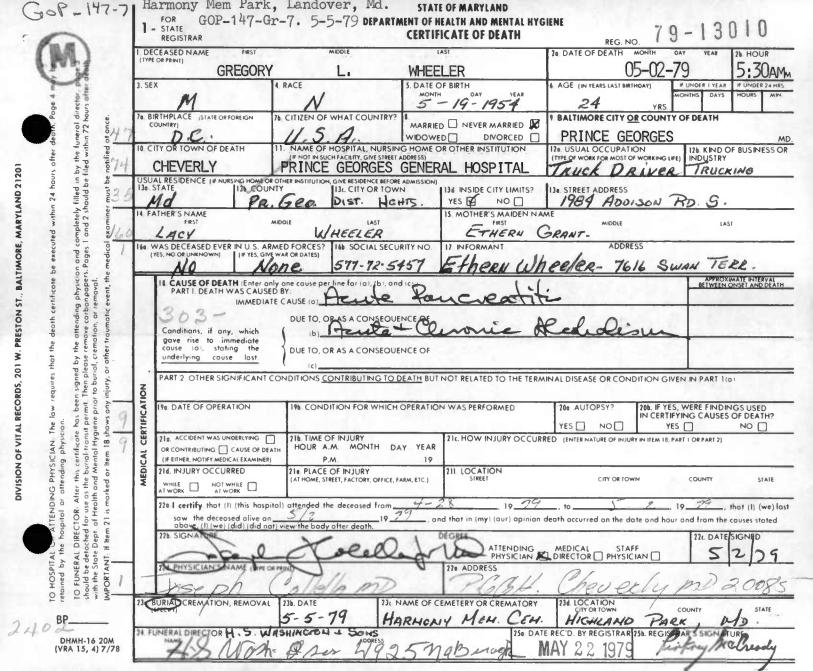
T0884-61 VIEW CLASSIC PROPERTY OF THE PARTY OF THE PA Ent 31st Landquagonoit V. V. Landquagonoit edul for old bill But and Income (Si were) The Assessment of the Contract Lord bittier at the last tend to the trade dans of the last till sold bid wierander werry ad. Clinton, WMAY as mon a Karakara

0,000 8,4 -0 7 - Washington and the state of t ARU, AUXA Civil H. Hata Automorphic purity rains and property of the party of the

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 2b HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? SEVER MARRIED FOREIGN COUNTRY) U.S.A. DIVORCED Md. WIDOWED 120. USUAL OCCUPATION (TYPE OF WORK ITY OR TOWN OF DEATH ME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS Housewife 13 STREET ADDRESS Narragansett 3d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME OF VITA MIDDLE MIDDLE William E. Wvvil1 Brown Mary 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. **ADDRESS** DIVISION (IF YES, GIVE WAR OR DATES) (Husband No 578-10-5299B| Thomas above R. Wells 18. CAUSE OF DEATH (Enter only one couse or line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: terios elevoja Cardio Vaseu IMMEDIATE CAUS DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO [ BE PRIOR TO BURE 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 211. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FOR TO FUNEAL DIRECTOR: PAFER DEATH, WITH THE SI BALLIMORE, MARYLAND, 21 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry ond in my opinion death resulted from: Notural coures Accident Suicide Homicide Undetermined monner TYPE OR PRINT 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23¢. NAME OF CEMETERY OR CREMATORY Cedar Hill Cem. Suitland Md. Geo Burial DHMH-17 20M 1/73 24. FUNERAL DIRECTOR 25a. DATE REC'D BY REGISTRAP 25b. REGISTA (VR A 15 ME (5)) NaTley's F.H. Inc. 'Mt'. Rainier, Md.

STATE OF MARYLAND





19-13910

A ge

BP. **DHMH-17** (VR A15 ME (5)) 15M 7/76

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-1301

		OR			DEPARTMENT OF H	EALTH	I AND MI	ENTALH	YGIENE	7.0	-13	30			
.1		TATE REGISTRAR		ME	DICAL EXAMINI	ER'S C	ERTIFIC	CATEO	F DEA	TH JRE	G. NO.	3 0			
1		EASED NAM	E FIRST	DO LUMB	WIDDLE		LAST		2	DATE KNOW	NNXX	HINOM	DAY	YEAR	26. HOUR
	(TYPE	OR PRINT)	WII	LIAM	ward V	WHEE]	LER		346	OF EST DEATH MATI		5	3	19 79	
3	SEX		4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHDAY			IF UNDER		c. DATE	N	HTMOM	DAY	YEAR	M. HONE
1	ח	ale	white	Mo. III	,1951 28 YR	111,0111	HS DAYS	HOURS	MIN. P	PRONOUNCED		5	3	1979	A
1		THPLACE (		76. CITIZEN OF W		8. MARR	IED XX NEV	/FR MARRIE	ED 7	BALTIMORE	CITY OR	COUNT	YOFD	EATH	
Я	-	irgin		U.S.	.A.	WIDOW		DIVORCE		Prince	Geor	rge 1	s Co	ounty	y MD
		Y OR TOWN			SPITAL, NURSING HOME,	OR OTH	IER INSTITU	TION		AL OCCUPATIO		F WORK	12b. KIN	ND OF BU	A I CO
4	C	hever	1y		acility, Give street address) George 1 s Ho	ospi	ta1			ost of working Li	rE)		479	vur	
			(IF IN NURSING HOME	OR OTHER INSTITUTION, G	136. CITY OR TOWN		1134 INSIDE CI	TV 1 IMITCS						2	2066
Ţ	30. ST	rgini		rfax	GreatFal	ls	YES [	NO X	10	, OOO A	rno	n C	hap	el l	Road
_	_	THER'S NAM		WIDDLE	LAST		15. MOTHE	R'S MAIDE	NNAME	MIDDLE				LAST	
4		John		Ward	Wheeler		M	atil	da	E.		Ca		ell	
t	6a. W		DEVER IN U.S. A		16b. SOCIAL SECURITY	NO.	17. INFORA			AD	DRESS C	Samo			13
1	(16	NO	DWN)   TIP YES, GIV	N/A	220-56-8	418	Mrs.	Kar	in A	. Whee			ife		
F		18 CAUSE	OF DEATH (Enter o	inly ane cause per lin	e far (o), (b), and (c).)								AP	PROXIMATE	E INTERVAL T AND DEATH
1		PARTI DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Multiple injuries											BETW	VEEN ONSE	I AND DEATH
1	-	812	O IMMEDI		R AS A CONSEQUENCE O										
1	-		ins, if any, which ise to immediate												
1		cause (c	) stating the unde		R AS A CONSEQUENCE O	F						100			
ł		lying couse lost. (c)													
1		PART 2 OTHER S	IGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL DISEAS	E DR CONDITIO	GIVEN IN PAR	RT 1 (a).						
	NO.														
1	CAT	190. DATE O	FOPERATION	19b. COND	96. CONDITION FOR WHICH OPERATION WAS PERFORMED?					20. AUTOPSY					?
ı	CERTIFICATION												Y	YES 🛣	NO 🗌
1			AL CAUSE WAS	21b. TIME C	FINJURY M. MONTH DAY YEAR					ATURE OF INJURY IN					
	MEDICAL	UNDERLYIN CONTRIBUT	G DOR ING CAUSE OI		M 5 3 1979			in au	ito/p	ick-up	trucl	k co	)11i	sion	
	(ED)	21d. INJURY			OF INJURY (AT HOME, CTORY, FARM, ETC.)		CATION			CITY OR YOWN.	545	a cou	UNTY		STATE
	2	AT WORK	NOT WHILE	x high	vay	Rt.	1, near	c Amme	enda 1	e Rd.Pr	ince	Geo	rge	's,M	d.
1		220. I cert	ify that I took cha	rge of the remains de	escribed obove, held an	Autor	X	Inspection	, D,	Inquiry .	and in	n my ap	omian		
6		deoth resul		urol couses .	X	ide	. Homic	ide .	Undete	rmined manner					
Н			01		c11 0		TITLE (S	PECIFY)							
		ACTUAL SIGNATURE	_ \No	wete !	the drell	N	Ass:	istant	t MEDI	CALEXAMINER		DATE	D	5/3/	79
			V	2											
		(TYPE OR PR	INT) Mar	garita A.	Korell, M.D		ADDRESS_	111 1	Penn	Street					
1	3a. Bl	JRIAL, CREMA	ATION, REMOVAL	23b. DATE	23c. NAME OF CEM	ETERY C	OR CREMATO	ORY	23d. LOC	CATION		COUN	NTY		TATE
		Bu	rial	7 MAX 7	Glen H	ave	n Mem		GI	en Bur	nie	-	.A.		Md.
	24. FL	NERAL DIRE	CTOR	alles ADDRES	s				O 4	REGISTRAR 25	PI	RAR'S S	HEL	JURE	
	S	TNCLE	TTA MOTE	MEDAT HO	ME CIEN D	TIDAT	TE MI	DIVIAT	0 13	7/7 1/	100	7.	000	/	

TOTAL ST. COMMENCE OF THE PARTY di in its one critic ..... Tange of the source DELVERTY LA TRIBUTE COLLEGE MOST STATE AND ASSESSED ASSESSED. Marin Wigning Warin A. Wagning Walled In segmint elektion modelystac cone: wester-ledge of the and the C Baseline and the . Ne. - 'a company and the Company of the Company o Burdal Viging Men Saven Mendis. Cite Surofer Avis. STATE OF THE STATE OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE

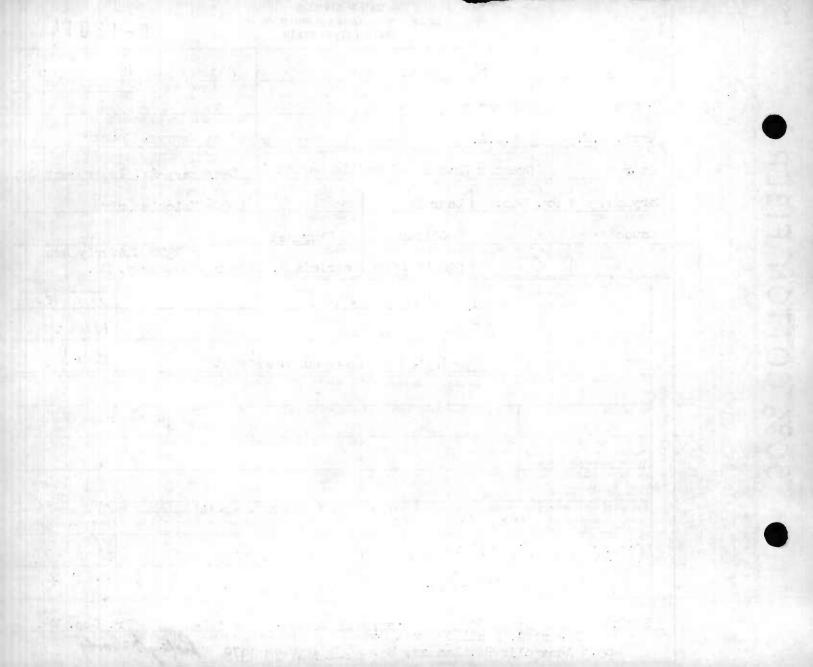
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 70 DATE OF DEATH MONTH (TYPE OR PRINT) MAURINE Br SEX Female STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 6 BIRGE Indiana DIVORCED WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR PE OF WORK FOR MOST OF WORKING LIFE) CHINTON acres coarices DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 14 FATHER'S NAME 46750 Dallas Pl. #201 IN U.S. ARMED FORCES? IZINFORMAN' (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-05-2874 James L. White Marlow Heights. Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 CARDIORESPIRATORY DUE TO, OR AS A CONSEQUENCE OF BIVENTRICULAR FAILURE Conditions, if any, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF RHEUMATIC MEART DISEASE VEARS cause PRTERIOSCLEROTIC CARDIOVASCULAR DISEASE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION STROKE E APHASIA, RT. HEMIPARESIS 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO 1 YES F 21c. HOW INJURY OCCURRED [ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK MAY 220.1 certify that (1) (this hospital) ottended the deceased fram saw the deceased olive an 4-16 MAY and that in (my) (our) opinian death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the bady after death 226 SIGNATURE DEGREE 22c. DATE SIGNED should be detach with the State De IMPORTANT: IF II ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 271 PHYSICIAN'S NAME (TYPE OF PRINT) 5 7 PRIMARY PHYSICIAN= V. CHUPKOVICH HEIGHTS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Cedar Hill Cemetery Burial Suitland Prince Geo. Maryland DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 6160 Oxon Hill DHMH - 16 60M 1/75

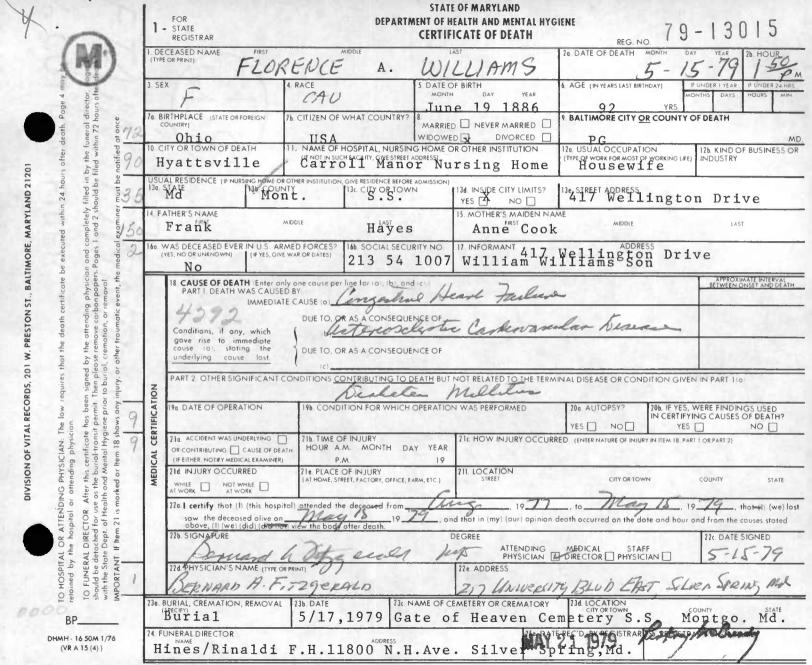
Oxon Hill. Md.

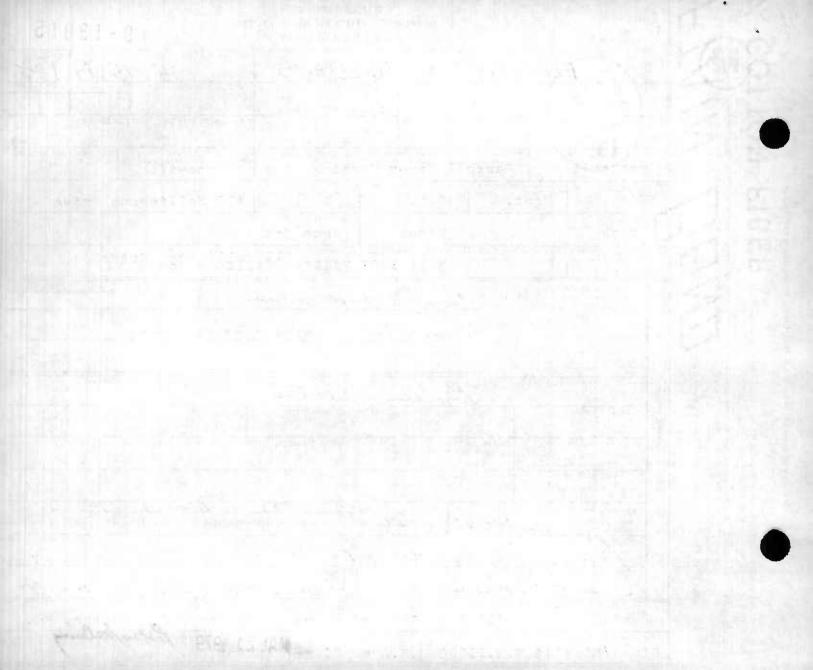
George P. Kalas Funeral Home

(VR A 15 (4))

The state of the s  STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) Eileen C 8:30 PN 6 AGE (IN YEARS HAST BIRTHDAY) IF UNDER 24 HRS 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER 1 YEAR MONTH YEAR DAY Female 1944 Caucasian 0 To BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COLINTRY Wash. D.C. U.S.A. Prince Georges County DIVORCED T WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Greater Laurel Beltsville Hospital Laure1 Secretary-Am. nstrument Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Pr. Geo. 16006 Malcolm Drive Laure1 NO [ 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Cawood Oliver Florence Zepp ADD 20 Cheverly Ave 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Poges (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-42-4540 Patricia A. Oliver Cheverly. Md. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF DUXEMLO Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A GONSEQUENCE OF underlying couse lost. testetre ALCINOMA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION 0 prior 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [ NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M. 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from Mark sow the deceased alive on May 10 above, (1) (we) (did) (did not) view the body alter death. \_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF FUNERAL I DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS show with 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Pr. Geo. Md. Burial Cedar Hill Cemetery Suitland 24 FUNERAL DIRECTOR Robert G. Beall Funeral Home 25a, DATE REC'D, BY REGISTRA 75h REGIS RAPA SIGNATURE DHMH - 16 60M 7/73 (VRA 15 (4)) 9013 Annapolis Rd. Lanham, Md. Vini







\	/	1	
5		5	
-			

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9 -	1	3	n	1	6
	7	-	J	U	1	V

	REGISTRAR				CERTIF	CATE OF D	EATH	REC	NO.	, 100	
1 DE	ECEASED NAME PE OR PRINT)	JAMES	HEN	NIDDLE		IAMS		20. DATE OF DEAT	5 MONTH	6 <b>79</b>	26 HOUR
3. SE	· ·		RACE	KT	5. DATE C			6 AGE (IN YEARS LAS		IF UNDER 1 YEAR	IF UNDER 24
	lale		Black		MONTH	15	YEAR 02	76	BIRTHDAT	MONTHS DAYS	HOURS A
	BIRTHPLACE ISTA	TE OR FOREIGN		WHAT COUNTRY?	8	13	02	9 BALTIMORE CIT	Y OR COUN		
	N.C.	TE ON TONE ION	USA		MARRIE	NEVER M	ORCED	Prince G	_		
100	ITY OR TOWN (	OF DEATH	II. NAME OF H	IOSPITAL, NURSIN	G HOME O	R OTHER INST		12a USUAL OCCUP	ATION	12b. KIND C	OF BUSINESS
13	RIVERDAL	E	LELAND MEMORIAL HOSPITAL				(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  Retired				
13a	Maryla	nd 13b COUN	orth Br	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CI	TY LIMITS?	13e STREET ADDRE 4412 40	Sth S	treet	
	ather's NAME Fred W	illiam	IDDLE	LAST		15 MOTHER'S		la Jone:	5	LA	51
		EVER IN U.S. ARA		166 SOCIAL SECU	RITY NO.	17 INFORMAN	4412	40th St	PEST		
	(YES, NO OR UNKNOY NO	(IF YES, GIVE	WAR OR DATES)	577 36				y Sprui		ece-	
	18 CAUSE OF	DEATH (Enter on	y one couse per	line for (a), (b), one	die	MALLED I					MATE INTERVA
	PART I. DE.	ATH WAS CAUSED  IMMEDIAT	BY. CAUSE (a)	Congesti	ve he	art fai	lure			One '	week
7	486		DUE TO, OF	Septic s	NCE QF					ale Time	
		f ony, which o immediate	(b)	Septic s	hock					Two	weeks
	couse (o), underlying	stating the	AS A CONSEQUE								
			(c)	Acute pn			TO THE TERM	INAL DISEASE OR C	ONIDITION		weeks
Z								oulmonary			01
CERTIFICATION	19a DATE OF C			TION FOR WHICH				20a AUTOPSY?	20b. IF	YES, WERE FINDI	NGS USED
2 E	4 F F &							YES NO		RTIFYING CAUSES	NO [
W W		VAS UNDERLYING	21b. TIME OF	FINJURY M. MONTH DA	VEAD	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM	18, PART 1 OR PART 2)	
7 8		G CAUSE OF DEAY Y MEDICAL EXAMINER)	P.#		19				11162		
MEDICAL	21d. INJURY O	NOT WHILE AT WORK	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC )	21f. LOCATIO STREET	N	CITY OF	NWOT	COUNTY	STAT
	22a L certify t		ol) ottended the	deceased from_	June	26	19 71	to May 6	)	19.79	that (I) (we
		leceosed olive on (we) (did) (did not			9, or	d that in (my) (	our) opinion	death accurred on th	e date and l		
	22b. SIGN 17U	RE A	View the body	otter deoth.		DEGREE					SIGNED
	1 6	al 17	bu	nous	/	A P	HYSICIAN D	MEDICAL DIRECTOR PH	STAFF YSICIAN [	May	6, 19
	22d. PHYSICIA	N'S NAME (TYPE OF	PRINT)		13 11	22e. ADDRESS					
1	Can	J. Hou	mann, M	I.D.		4404 Q	ueensbu	iry Rd., I	Riverd	ale, Md.	20840
		YION REMOVAL	236 DATE	11		EMETERY OR C		23d. LOCATION CITY OF TOWN		COUNTY	STAT
	Burial	V.1	A/II	79 F	ort I	ineoli		etery B	rentw	good, Mai	ylan
24. F	FUNERAL DIRECT	John	J. J.	LUMESTO	217	11	25a. Davi	ARYC'I BERISSI	W 25b. REC	asoglaropsistin	History

DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the hospital or attending physician

Stewar Funeral 4001 Benning Road, NE.

The said

21081-84 5 - F 70 5 17 P WILLIE' YES 2 Trans 7.5 . . . . . TALLESO TALLES LIVET TO STALL MAIN Powerest name To a superior 2-16-6-11-6-11-6 Page 200 1 12 mark . Will be 200 200 Titl 18 11.279 | Part Timble of Content of the Content o

Steract Tuneral It a Mous menoing core, was

STATE OF MARYLAND 9-13017 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 2a. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) KATHERINE BARBARA WILLIAMS Mav 4.1979 SEX 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR DAYS Female Caucasian 1915 Mav To BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Prince Georges Co. Washington DO USA WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Lanham Doctors Hospital of Pr. Geo. Co. Housewife DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c. CITY OR TOWN Maryland PrGeo YES X 4915 78th Avenue Hyattsvill 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Michael Weissmuellet Katherine Enge] 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b SOCIAL SECURITY NO. 17 INFORMANT (spouse) (YES, NO OR LINKNOWN) (IF YES, GIVE WAR OR DATES) 12 2806 George B. Williams No Same as CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO ō CERTIFICATION 0 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES NO nd Mental Hygie 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] CITY OR TOWN STATE WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hesertal) attended the deceased from sow the deceased plive on\_ and that in (my) (bur) opinion death occurred on the date and hour and from the causes stated above, (1) (Ne) (Nid) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b 0 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 7May1979 Cem Fort Lincoln Brentwood Md 24 FUNERALDIRECTOR E. Wilhelm 250 DATE REC'D. BY REGISTRAR 20 REGISTRAD'S SIGNATURE DHMH - 16 50M 1/76 (VR A 15 (4)) Funeral Home Inc Suitland

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 1/75 (VR A 15 (4))

Cremation

24 FUNERAL DIRECTOR Funeral Home Inc.

Old Alexander Ferry Rd. Clinton, Md.

moment | 12 | . H selvall

Thoras about

Percent, tillingson (tile) form in

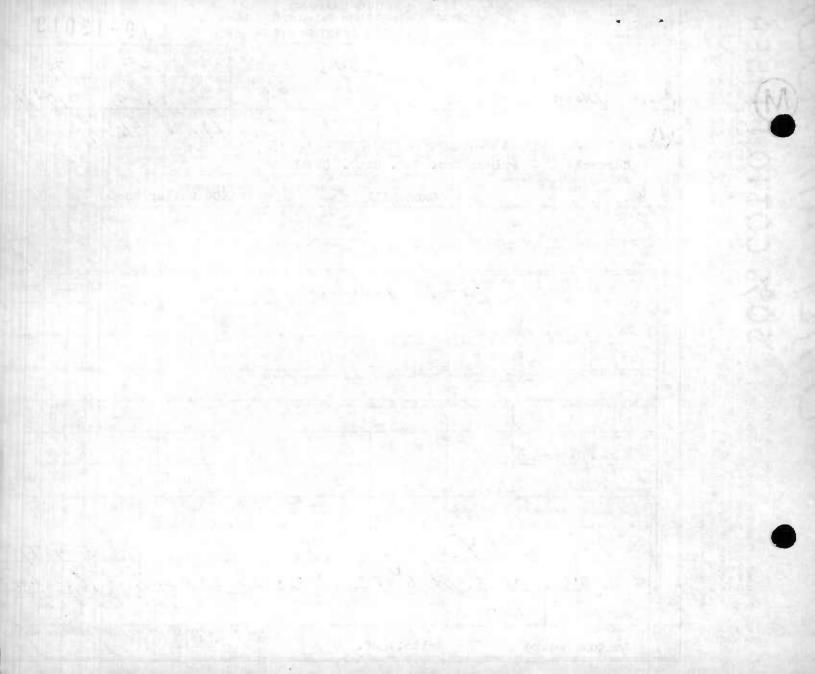
Grenation 5/4/79 Loc's Lymptony Markington D.C.

Lee Brancher Lerry M. Clinton, M.

CHE Saleshor Provi Chevr.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2e. DATE KNOWN 2b HOUR (TYPE OR PRINT) OF ESTIanus DEATH MATED 19 PRESTON STREET 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE DAY YEAR LAST BIRTHDAY) PRONOUNCED 23-15 WITHIN 72 DEAD FUNERAL 5 FOR YC TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED PREIGN COUNTRY WIDOWED [ DIVORCED ES 1, 2, AND 3 TO THE FU.
PM 3. RETAIN PAGE 5
ND 2 SHOULD BE EILED, NO 2 SHOULD BE EILED, NO 2 SHOULD BE EILED, NO 17 AL RECORDS, 30 T W. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION TYPE OF WORK 126. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY Cheverly Prince Geo. Gen. Hosp. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 4500 Weller Road 3a. STATE 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Oxon Hill Md. YES [ NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, LAST MIDDLE LAST FIRST ANDDER FIRST J AND FORM 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES WITH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL cwihous BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, PRESTON DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Canditians, if any, which EXAMINER gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF 3 lying cause last. 301 SED AS A BUR HEALTH AND CREMATION, PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) RECORDS, MEDIC, CERTIFICATION USED 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DIVISION OF VITAL E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURIAL, OF YES NO [ 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CE. TO TO MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 211. LOCATION 21d. INJURY OCCURRED AT WORK AT WORLE TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PRI STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY 22a. I certify that I taak charge of the remains described above, held on Autapsy Inspection Inquiry and in my apinian death resulted fram Natural causes Accident Suicide Hamicide L Undetermined manner TITUEY(SPECIFY) EXAMINER'S NAM (TYPE OR PRINT 236. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 5/14/79 Removal DHMH-17 20M 1/73 250 DATE RECID BY REGISTRAN 256. REGISTRANS SIGNATURE 24 FUNERAL DIRECTOR (VR A15 ME (5)) Anatomy Board Balto., Md.

STATE OF MARYLAND



Q	1	FOR Film#G532	Items 18b	O DEDADTM	STATE OF MARYLAND INT OF HEALTH AND MENTAL H	VCIENT -	10020
8	1.	STATE 11-79 E	as	DEPARIM	CERTIFICATE OF DEATH	REG. NO	9-13020
(MA)		CEASED NAME FIRST	MIDE	DLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
e e e e e e e e e e e e e e e e e e e	1	MARJORI	IE BA	LL	WILLOUGHBY	05	04 79 7:35A.MM
9.5	3 SE.	Х	4 RACE		5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTI	
s of rs of	I	Female	Caucasia	n	09 13 YEAR 25	53	YRS.
Poor Poor		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WH	IAT COUNTRY?	MARRIED DIEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
In 72		aryland	U.S.A.		WIDOWED DIVORCED [	Prince Geor	rges County MD.
with with		ITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	
		Clinton	Southern	Marylan	d Hospital Cente	r M.R.T.	S.Md. Hosp.
BALTIMORE, MARYLAND 2120' cote be executed within 24 hours system and completely filled in by appers. Pages I and 2 should be file vol. tt, the medical bacomine, must be no	13n S	AL RESIDENCE (IF NURSING HOME STATE 13b, COI aryland Princ	OR OTHER INSTITUTION, GIV UNITY 131 Ce Georges	CITY OR TOWN Distric	DMISSION) 13d INSIDE CITY LIMITS: THES YES NO	13e STREET ADDRESS 6400 Halleck	St.
rthin tely 2 she	14 FA	ATHER'S NAME			15 MOTHER'S MAIDEN		
E, MAR	4	Maurice	WIDDIE	Ball	Bertha	WIDDIE	Joyce
RE, A		WAS DECEASED EVER IN U.S.		SOCIAL SECUR		ADDRE	SS
IMORE e execu			none 2:	20-12-27	82 Allen C. Wi	lloughby sar	ne as item 13
BALTI reate broopers.		18 CAUSE OF DEATH Enter		e for in: hi and		in the second se	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAU	SED BY	Cardio	1	rrest	
N S Grand		436- MARCH		S A CONSEQUEN	Cerebrovasc	ular acciden	it .
RESTON  death ce attendin nove corb rounatic		Canditians, if any, which	( ib)	S A CONSEQUER	treAthrotrant	==-entag-is	trat-
201 W. PRESTON ST., es that the death certifu ned by the attending ph please remove corban p ural, cremation, or remo v, or other traumatic ever		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR A	S A CONSEQUEN	ICE OF		
RDS, 201 iquires the Then plec The buriel	Z	PART 2 OTHER SIGNIFICAN		TRIBUTING TO DE	ATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR COND	DITION GIVEN IN PART TO
RECOR	CERTIFICATION	19a DATE OF OPERATION	-	2	PERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ON OF VITAL RE HYSICIAN. The le uding physician. Is certificate pers burial-transit pers I Mental Hygiene or flem 18 shaws	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF IN	JIIIDV	1217 HOW IN HIPY OCC	VES NO V	YES NO
N OF VITA  SICIAN: The age physicial physicial certificate urial-transit tentol Hygin frem 18 she		OR CONTRIBUTING CAUSE OF E	DEATH HOUR A.M.		YEAR	ORRED (ENTER NATURE OF INJUR	FIN HEM 16, PART I OR PART 2)
SIC Ing	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M.	INTUDY	19 ZII LOCATION		
VISION G PHY: orthorizer this the but and M ked or	ME	WHILE NOT WHILE	(AT HOME, STREET,	FACTORY, OFFICE, FAR	M, ETC.) STREET	CITY OR TOW	N COUNTY STATE
DIVIS DING P or offer the eas the offth on or morked		AT WORK - AT WORK -			9 = 970	1 5-3-	- 10 74 that (I) (we) last
END follows		220.1 certify that (1) (this has			9 and that in (my) (aur) apini	, (U	, 19 /4 , that (I) (we) last ite and haur and from the causes stated
OR ATTENIOR DIRECTOR. sched for us Dept. of Hem 21 is:	-	sow the deceased alive above. (I) (we) (did) (did 22b. SIGNATURE	no view the body oft	er death.	DEGREE		22c. DATE SIGNED
	13		1 cut pe	mhala	A	MEDICAL STAF	
O HOSPITAL TO FUNERAL should be detr with the State		22d PHYSICIAN'S NAME (TYPE			PHYSICIAN 22e ADDRESS	MEDICAL STAF	IAN L 19
HOSE ined FUNI buld b		NIRMALA K		ZNRAIL		IINS LANI	= Md 20801
TO HOS etained TO FUN should be with the	00						
2301	23a E	Burial, Cremation, Remove SPECIFY) Burial	5/7/79		ME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE Md.
BP	24 EI	UNERAL DIRECTOR	12/1/19	Lea	ar Hill Cemetery	Suitland MAYD BY REGUIAN	All
DHMH - 16 60M 1/75 {VR A 15 (4)}		P. Kalas 6160	Oxon Hill	ADDRESS  Rd. Oxo		C. C. C. L.	

rice thought a seem of low life and the ... All of the cost and the cos FOR

## STATE OF MARYLAND

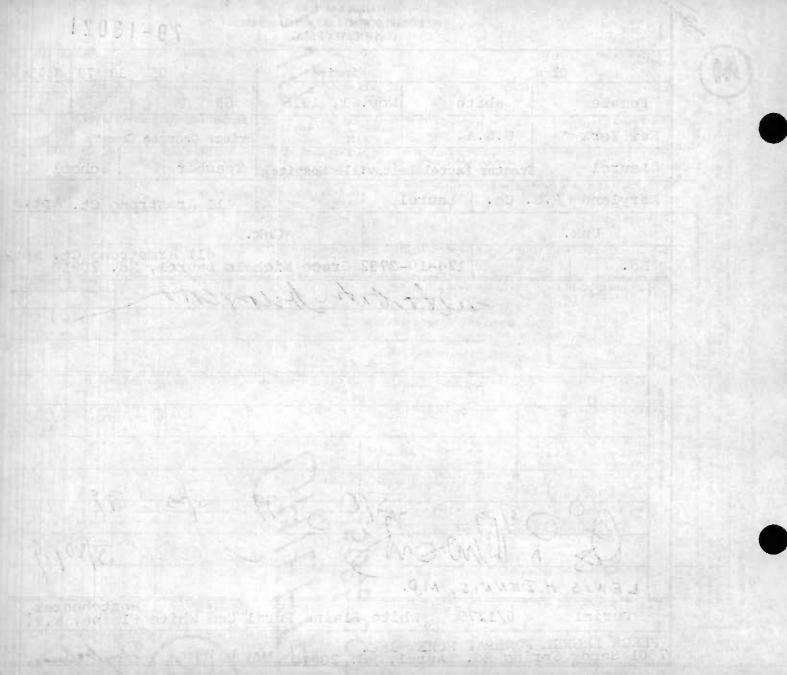
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-13071

		REGISTRAR				CERTIF	ICATE OF DEATH	REG	409 -	136	, 4			
		CEASED NAME F	IRST	A	AIDDLE	L	AS1	20 DATE OF DEATH		DAY	YEAR	2b. HOUR		
	fine	O	1ga			1	Winnie	N. Harry	05	30	79	3;45ам		
	3. SE			4 RACE		S. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY	MONTHS	DAYS	IF UNDER 24 HRS		
		Female		Whi	te	Nov	1, 1915	63	YRS		DATS	HOURS MIN		
7-		IRTHPLACE (STATE OR FOREK	GN		WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMORE CIT	OR COUN	TY OF DE	ATH			
67	N	lew York		U.S.		WIDOWE	DIVORCED	Prince Ge	orges	Coun	ty	MD.		
84		ITY OR TOWN OF DEATH  Laurel	G	reater	Laurel Be	AL, NURSING HOME OR OTHER INSTITUTION Y, GIVE STREET ADDRESS)  rel Beltsville Hospital  [TYPE OF WORK FOR MOST OF WORKING Teacher						G LIFE 12%, KIND OF BUSINESS OR INDUSTRY SCHOOL		
35	13a S	AL RESIDENCE (IF NURSING STATE 13)	HOME OR COUN	OTHER INSTITUTION. TY CO	13c. CITY OR TOW.	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO [			ong	Ct.	Apt.B		
15	14 FA	ATHER'S NAME FIRST Unk.	٨	NODLE	LAST		15. MOTHER'S MAIDEN NA/ FIRST Un}	MIDDIN			LAS			
1	16a V	WAS DECEASED EVER IN YES NO OR UNKNOWN) (IF		AED FORCES? WAR OR DATES)	166 SOCIAL SECU 124-10-		Grace Nich	41Î <sup>D</sup> nols Lau	Arms cel,	tror Md.	1g C 208	t. AptF		
9	CERTIFICATION	Conditions, if ony, w gove rise to immed couse iol, stofting underlying couse  PART 2. OTHER SIGNIFI	liote the lost	ONDITIONS CO		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	20b. IF Y	res, weri	E FINDIN	NGS USED OF DEATH? NO		
9	MEDICAL CER	21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICALE: 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK  22a.1 certify tho (1) th sov	SE OF DEA XAMINER)	P., 21e PLACE (AT HOME, STE	M. MONTH DA M. OF INJURY GEET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION 211 LOCATION STREET  ATTENDING PHYSICIAN (S	city or	TAFF	cou _, 19	g g rom the	state that (I) (we) lost couses stated		
	23a. f	BURIAL CREMATION, REASON BURIAL			23c N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION Cerry OR TOWN		West	che	ster,		
	24 F	LECK LAURI	EL I	FUNERA	T. LIGRED	TNC		E REC'D, BY REGISTR	AR 25b. REG		SIGNAT	N.Y.		

MAY 3 1

DHMH - 16 50M 7/77 (VR A 15 (4))

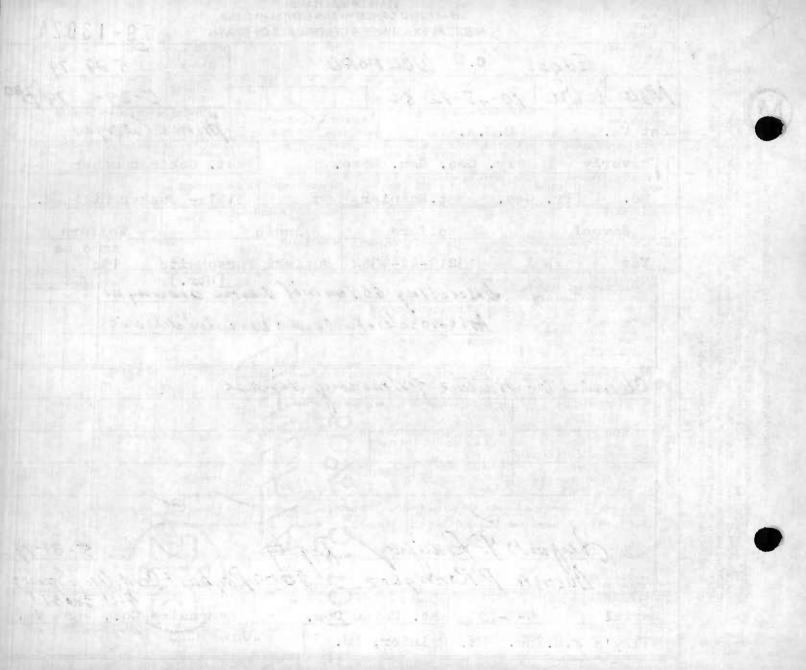


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN TO MONTH WIRSCHNITZER OF ESTI-DEATH MATED LAST BIRTHDAY 6 AGE (IN YEARS | IF UNDER 1 YR. DATE DEAD b. CITIZEN OF WHAT COUNTRY? PALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Maryland U.S.A. 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF W 126 KIND OF BUSINESS Housewife Home HIS COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Bowie Geo NO 1500 Pittsfield Lane 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Milton Jane Whavland 16b. SOCIAL SECURITY NO. 7. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 46 1785 Justus Wirschnitzer Same as # no 18 CAUSE OF DEATH (Enter anly ane cause per line ar (a), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate (b) cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0. CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES NO 116. TIME OF INJURY
HOUL A.M MONTH DAY 210 EXTERNAL CAUSEWAS 214, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 71 21d. INJURY OCCURRED LAT HOME WHILE AT WORK -TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213 22a. I certify that I taak charge of the remains described above, held an and in my apinian Accident Hamicide Undetermined manner death resulted fram: Natural causes 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Lakemont Memo. Gdns Davidsonville, A.A., Burial 14. FUNERAL DIRECTOR Robert G. Beall Funeral Home 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 9013 Annapolis Rd. Lanham. Md. 20801 15M 7/76

The second second 

CONTRACTOR OF THE PROPERTY OF and the second of the last with the second of the second o A Company of the form that is a support of the property of The state of the s 是表示这些很智慧是不是 The state of the s MORE THE CHARLES HE SERVED THE T. A. STEELE STREET

K		1				MARYLAND			
X		11-	FOR STATE			H AND MENTAL HY	44	0 12024	
- (			REGISTRAR		LEXAMINER'S	CERTIFICATE OF	DEATH REG. NO.	9-13024	
			CEASED NAME FIRST	MIDDLE	/ 1.	LAST	20. DATE KNOWN OF ESTI-	MONTH DAY YEAR 26. H	HOUR
	SE SE ST,		Ed90	c.	WOL FOR	20	DEATH MATED	5-29 1979	M
	PLEASE RECTOR. R FILES. HOURS STREET,	3. SE	A. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS IF U	NDER 1 YR. IF UNDER 24		MONTH DAY YEAR 2d H	HOUR
	VECTOR PRESTON ST	1/3	11/1/20 106/20	10-28-9-	LAST BIRTHDAY) MON	THS DAYS HOURS	PRONOUNCED DEAD	-29- 1074 B	30
(NA	N V N	7n. B	IRTHPLACE (STATE OR		INTDV2		9. BALTIMORE CITY OF	178	
1	SA SE SE	FC	st Va.	U.S.A.		RIED NEVER MARRIED	1 12 7	LINGES	
	Z 2 2 3 —		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	WIDO		2a USUAL OCCUPATION (TYPE O		MD.
	PELAY IS NE TO THE FULL A PAGE 5 S S S S S S S S S S S S S S S S S S	10.0		(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		FOR MOST OF WORKING LIFE)	OR INDUSTRY	22
	PA PA		Cheverly		Gen. Hos	р.	Ret. Cabine	t maker	
	000		TATE 136 COUN		CE BEFORE ADMISSION) TY OR TOWN	134 INSIDE CITY LIMITS? 11:	Je. STREET ADDRESS		
21201	AND MANA		Md.   Pr.	and the same	Rainier	YESTE NO -		er Hill Rd.	
	244	14, F.	ATHER'S NAME			15. MOTHER'S MAIDEN	NAME		_
MD.	E 28 95///		Samuel	MODEL To 1	lford	AMST	MEDUE	Total Commit	
RE,	PAGE ORM N OK	140 \	WAS DECEASED EVER IN U.S. AR		CIAL SECURITY NO.	Annie 17 INFORMANT	ADDRESS	Wolford	
MO		17	PES, NO, OR UNKNOWN) (IF YES, ONE	WAR OF DATES)				same as	
BALTIMORE,	WITH PAGE	$\vdash$	Yes WW	I 219	9-42-4382	Ruziski l	Purschwitz	13e	
	250		18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	the state of the s	1	. 10	(Dtr.)	APPROXIMATE INTER-	MATH
157	Z4 HC IDNG IDNG PERMI			TE CAUSE DISSEE	ting and	anning as	atic ansus	4 201	
	The second secon	-	4470	DUE TO OR AS A CO	INSEQUENCE OF				
PRESTON ST	WITHIN WITHIN AINER AINE	1.5	Conditions, if any, which		103cheroFu	cardes Us	sealed disco	ril	
× .	ENTA REME		cause (a) stating the under		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW			THE RESERVE OF THE PERSON NAMED IN	
301 V	EXAM EXAM SIAL OR RE		lying couse last.	The state of the s	7,700 M N. H. J. Co. H. 1805				
30	CECUTE ST. IN P. SAL EXAL BURIAL AND MI		BARY 7 OTHER CICALESCANT CONDITIONS	CONTRIBUTING TO DE ATH BUT NOT AN					_
RECORDS,	PULD BE EXECUTED IN PRENDING" IN PRENDING" IN PREDICAL EXASED AS A BURIAL HEALTH AND MEALTH AND OR CREMATION, OR	Z	PART 2 OTHER SIGNIFICANT CONDITIONS Charie G	2-6 3 Nuclui		SE OR CONDITION GIVEN IN PART !			
REC	PEN A MEN	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FO	RWHICH OPERATION V	WAS VERFORMED?		20 AUTOPSY?	_
¥	SHOULD DRD "PER CHIEF A CHIEF A I USED I OF HEA IAI, CREA	15				"			
DIVISION OF VITAL	WORD WORD TE CHI O BE US	E	21a EXTERNAL CAUSE WAS	216 TIME OF INJURY	21. 1	OW INTURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 PA	YES NO	· U
9	ICATI THE V		UNDERLYING OR	HOUR A.M. MONT		1044 INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)	
O	ART ART	N V	CONTRIBUTING CAUSE OF		19				
VIS	CERTI ING 3 SH BEPA RIOR	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJUR	RY (AT HOME, 21f. LC	DCATION	CITY OR TOWN	COUNTY \$1	TATE
0	VRIT VRIT GE GE OF	>	WHILE NOT WHILE [		, 610.)	OTHER!	CITORIOWN	COOMI	IAIL
	LER: THIS CERTIFICATE SHOULD AATE, WRITING THE WORD "PE FORWARDED TO THE CHIEF DAR PAGE 3 SHOULD BE USED DISTRIBUTED TO THE STATE DEPARTMENT OF HE DISTRIBUTED FRIOR TO BURIAL, CRI	100			Page 1919		7		
	INER ICATE TOR THE THE NO. 2			ge of the remains described at		psy . Inspection I	, Inquiry , ond	in my opinion	
	- STOUTS		death resulted from: Notu	rol causes , Acciden	t L, Suicide L	Homicide	Undetermined monner,		
	L EXAMINE E CERTFICA DULD BE FC L DIRECTOR H, WITH THE MARYLAND,		WITHIN Land	1 4 (OV)	1 /	THE (SPECIFY)			-
	A H P P P P P P P P P P P P P P P P P P		SIGNATURE THE SIGNATURE	15/0 / Fea	legaley,	M.D. Cospelly	_MEDICAL EXAMINER	DATE 5-31-7	9
	DIC.		11/	n.7.	[]	1/5	2 /	100	A.
	E PER PER PER PER PER PER PER PER PER PE	-	EXAMINER'S NAME TUGE	5h 1.168a	MI quez	ADDRES 7009	Kaypartlo	41, (Town ) pres	25
-7.4	TO MEDICAL EXAM EXECUTE THE CERTI PAGE 4 SHOULD IN TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL	23a B	URIAL CREMATION REMOVAL	23b. DATE 123c	NAME OF CEMETERY		23d, LOCATION CITY OR TOWN	Mil 2 1/21/	
47		- (	SPECIFY) Burial		Mt. Union			Co. West Va	
	BP		UNERAL DIRECTOR	0-2-19	TE. OHLOH	250. DATE RE			
	DHMH - 17 (VR A15 ME (5))		alley's F.H.	Tric. ADDRESS D	ainier, Mo		UN 4 1979 1979	my fragity of the	
	15M 7/77	IN	arrea s r.u.	LIIC • PIO . IX	carried , In			/	



FOR

REGISTRAR

DECEASED NAME

- STATE

(VRA 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH

STATE

LAST

Dilliant Powder of the Control of the Carlotte.

Caucantian In 30 10 de De

3700 2003000 3005

Clinter Southern Verylams Huspitil Cepter Port Office Corts M. S. Cort

Daryland Frince Otc. (key Series 2 0272 Maxwell Dr. )

225-14-7243 - Inconstitution of the second of the second

nominal feet been seen entered visited by

he funeral director, p within 72 hours after

completely filled in by the

TO FUNERAL DIRECTOR. After this certificate hos been signed by the attending physicion and cor should be detached for use as the burial-fronsit permit. Then please remove carbon popers. Pages 1 with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or remaval.

Ē

## STATE OF MARYLAND FOR

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE

12026 7 0

'	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	9 - 1	302	0	
	EASED NAME FIRST DR PRINT) Bess	ie	7	√right	2a. DATE OF DEATH		.0 79	26. HOUR 9;39am	
3 SEX	Female	White	S. DATE C	6. AGE (IN YEARS LAST BIRT 94	IF UNDER 1 YEAR	IF UNDER 74 HRS HOURS MIN			
	RTHPLACE (STATE OR FOREIGN ) PUNTRY)  OWN Jersey	U.S.A	8. MARRIEI WIDOWE	D NEVER MARRIED D	Prince Geor			M	
		name of Hospital, Nursi reater Laure Ind			(TYPE OF WORK FOR MOSTO Baby Si	WORKING LIF		OF BUSINESS O	
13a ST	TATE  TYLAND  TYLAND  TYLAND	THER INSTITUTION, GIVE RESIDENCE BEFORM  13 CITY OR TOY  Laure	VN	134 INSIDE CITY LIMITS?	136405 ADRESS	ahill	Dr.		
Sa	nford	Wright		Alice	WIDDIE		nown la	ST	
(YE	AS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN)  (IF YES, GME	MED FORCES? 166 SOCIAL SEC WAR OR DATES) 158-14-		Florence M	cCabe La		,Md.	IMATE INTERVAL ONSET AND DEATH	
NO NO	underlying couse lost.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEOL  (c) ONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH	SC LEY	NOT RELATED TO THE TERM	AINAL DISEASE OR CONI	20b. IF YES	S, WERE FINDI	NGS USED	
STIFIC					YES NO YES NO NO				
	2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH 21% TIME OF INJURY HOUR A.M. MONTH [ P.M.	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	PART T OR PART 2)	T OR PART 2)		
MEDICAL	21d. INJURY OCCURRED  WHILE OT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	'N	COUNTY	STATE	
	220.1 certify that (1) (this hospit sow the deceased alive on above, (1) (we) (did) (did not 22b. SIGNATURE	22c. DATE							
	22d PHYSICIAN'S NAME (TYPE OR MIZE HUSSA		9	3450 Ft.M	eadeRd. La	aurel	L,Md.		
23e Bi	URIAL, CREMATION, REMOVAL PECEFY) Burial			emetery or crematory ridge Cemet	23d LOCATION CITY OF TOWN	o, HQ	county	STATE	

DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

FIECR KAUREL FUNERAL HOME: INC. 7601 Sandy Spring Rd, Laurel, Md. 20810

1979

		ering	S. Samor
	100		yante, ne
institution of		notes format a great	Busylordes
ro Enthants Elsa		Invosa	i bnaiste
	- 35,1,78	***	St. of Fig.
. Avg. I strike I and state	901197027 C		
		1070 14015	
	Jul 1.	Le attabase	
	124		
eaderd. vam et sud.	2450 Et	cina nis	sevi cinia
		86 ggM   85-31-3 NGC, SHAWAY LAVISACIE	

Md.

Inc.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VR A 15 (4))

12061-64 B Comment Election K. Printer Inc. Waster of the Contract of the Howard allerta Marino are things of the contract of Free That was supplied to the state of the s THE RESERVE OF THE PARTY OF THE We there of the medial and investod assistance are therefore \$4.2/1979 Ft. Managa Geo. 1 Frentisons Fr. 1979. If All the life of the state of th

9		FOR		STATE OF DEPARTMENT OF HEALT	MARYLAND	CIENE	•
1	1-	STATE REGISTRAR	MI	EDICAL EXAMINER'S			12028
(M)		CEASED NAME DE OR PRINT)  FIRST  FOR A CONTROL OF THE ST  FOR A CONTROL	14	MODIE Yalas	LAST	20 DATE KNOWN OF ESTI- DEATH MATED	5-12 1974 M
APY PULK DIRECTOR PULK ON STREE	3 SE	male Black	5. DATE OF BIRTH	- 28 MOI YRS. MOI	JNDER 1 YR. IF UNDER 24 NTHS DAYS HOURS M	PRONOUNCED DEAD	MONTH DAY YEAR 21 HOUR - 12 19 79 M
S S S S S S S S S S S S S S S S S S S	FC	IRTHPLACE (STATE OR DREIGN COUNTRY) WEST, VA.		WIDO		1 plance 17.	eorges MD.
PAGE AVE	C	LE WESTLY	PINEL	DEPTAL, NURSING HOME, OR O'S FEATURE, GIVE STREET ADDRESS)  DEPTALA (JEM-/)	top. (1) 6Aj	OUSUAL OCCUPATION (TYPE OF MOST OF WORKING LIFE)	OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
# AND 3 THOUS THOU	130. 9	MD.	NTY	LANDOVER LANDOVER	YES NO		DR, LANDOVER, MD.
REE, MD. 2 LOEATH, 1 LOEATH, 1 LOEATH, 1 LONG 2 LONG 3 LONG 2 LONG 3 LONG 2 LONG 3 LONG 3 LON		ATHER'S NAME FIRST GEORGE	WIDDLE	HAMILTON LAST	IS. MOTHER'S MAIDEN I		BARNEY
MITIMOS SAFER SINE PAGE TH FOR AGES 1	160.	WAS DECEASED EVER IN U.S. AF res, no, or unknown) (IF yes, give NO	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY NO. 228-70-2288	GENEVA JONE	S, DAUGHTER 510	05-JAY ST, N. E.
RECORDS, 301 W. PRESTON ST., B.  ILD BE EXECUTED WITHIN 24 HOUR PENDING" IN PENCE, IN IEEM 18 F. MEDICAL EXAMENER ALCONG W. ED AS A BUBLAL TRANSIT PERMIT FEATH AND MENTAL HYGENE. D.  REMATION, OR REMOVAL.	Z	Conditions, if ony, which gave tise to immediate couse (a) stating the <u>under</u> lying cause last.	D BY: ITE CAUSE (o) DUE TO.  (b) DUE TO, O (c)	R AS A CONSEQUENCE OF		(e).	BETWEEN ONSET AND DEATH
VITAL RECORDS, DE SHOULD BE EXECUTED ON "PENDING" LOTHER MEDICA BE USED AS A BUILT IN OF HEALTH AND STARL, CREMATION OF THE CONTRACT OF THE CO	CERTIFICATION	19a. DATE OF OPERATION	19b. CONE	DITION FOR WHICH OPERATION	WAS PERFORMED?		2D AUTOPSY?
IN OF THE WOLLD THE WATER THE WATER THE WATER TO BUILD	EDICAL CER	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.	M. MONTH DAY YEAR M. 19		ENTER NATURE OF INJURY IN ITEM 18 PAR	RT 1 OR PART 2)
DIVISIO  PIVISIO  E. WRITING  F. WRITING  F. PAGE  STATE DEPAGE  21201 PRIOR	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY (AT HOME, 211 L.	OCATION STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORE TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SI		270. I certify that I took char death resulted fram: Nature ACTUAL SIGNATURE EXAMINER'S NAMED INTO TYPE OR PRINT!	ge of the remains d	escribed abave, held an Auto Accident , Suicide		Undetermined monner ,	DATE SIGNED 5-14-79
PAGE PAGE	23e.B	URIAL, CREMATION, REMOVAL	23b. DATE 5-17-79	136. NAME OF CEMETERY HARMONY MEMO		7601 SHERIFF	RD, LANDOVER, MD.
DHMH-17 20M 1/73 (VR A15 ME (5))	MOI	UNERAL DIRECTOR WTGOMERY BROTHE ### STOCK   ST	RS FUNERA	L HOME	\$8.6V O	1 1979 Printer	RAR'S SIGNATURE

the desired the same The contract of the contract of A LOWER BY SAME THE X 223-70-2232 CERCIA Thomas Alighted 515-514 Inc. - 223-70-224 A Land Company of the STATE OF THE STATE OF STATE OF THE STATE